

MEDEX

MID-LEVEL
HEALTH WORKER
TRAINING MATERIALS

Student Text
and Instructor's
Manual

HEALTH CENTER MANAGEMENT:

Supervising and Supporting Mid-Level Health Workers





THE MEDEX PRIMARY HEALTH CARE SERIES

After completion of extensive field trials in Micronesia and in primary health care programs in Lesotho, Guyana, Pakistan, and Thailand, the methods and materials of the MEDEX technology have been published as The MEDEX Primary Health Care Series. The Series provides a systematic, practical, adaptable format for management and training in new or existing primary health care programs at all levels.

The 35-volume Series is organized into three major categories of Management Systems Development

Materials, Mid-Level Health Worker Training Materials, and Community Health Worker Training Materials. The Series is appropriately balanced between promotive, preventive, and curative needs in primary health care.

The methods and materials of the MEDEX technology are suitable for national scale programs as well as smaller projects, and can be used in whole or in part as circumstances demand. One of the greatest strengths of the MEDEX technology is its flexibility and sensitivity to local conditions.

VOL.

- 1 The MEDEX Primary Health Care Series: An Overview

MANAGEMENT SYSTEMS DEVELOPMENT MATERIALS

The Systems Development Materials include a module for training management analysts, workbooks for use in analyzing management systems, and a manual for conducting district and national planning and management workshops.

- 2 Student Text and Instructor's Manual Management Analysis Training Module

- 3 Drugs and Medical Supplies System Workbook

General Supplies System Workbook
Facilities and Equipment Maintenance System Workbook

Transportation System Workbook

- 4 Communication System Workbook
Personnel System Workbook

Finance System Workbook

Health Information System Workbook

- 5 District and National Planning and Management Workshops Manual

MID-LEVEL HEALTH WORKER TRAINING MATERIALS

The Mid-Level Health Worker Training Materials, which can be adapted to the specific needs of a country, include procedures and materials for preparation of instructors, evaluation of trainees, preparation for the community phase of training, and development of a continuing education program. The materials ensure that students acquire the skills and knowledge they will need to provide primary health care services, to manage a small health facility, and to train community health workers.

Training Program Development Manuals

- 6 Training Process Manual: Curriculum Adaptation, Instructor Preparation, Program Management

- 7 Continuing Education Manual

- 8 Training Evaluation Manual

Community Health Modules

- 9 Student Text 10 Instructor's Manual

Identifying the Preventive Health

Needs of the Community

Meeting the Preventive Health Needs of the Community

Training and Supporting Community Health Workers

Basic Clinical Knowledge and Skills Modules

- 11, 12 Student Text 13 Instructor's Manual

Anatomy and Physiology

Medical History

Physical Examination

General Clinical Modules

- 14 Student Text 15 Instructor's Manual

Respiratory and Heart

Gastrointestinal

Genitourinary

- 16 Student Text 17 Instructor's Manual

Skin

Dental, Eyes, Ears, Nose, and Throat

- 18, 19 Student Text 20 Instructor's Manual

Infectious Diseases

Other Common Problems

Maternal and Child Health Modules

- 21 Student Text 22 Instructor's Manual

Prenatal Care

Labor and Delivery

Postnatal Care

- 23 Student Text 24 Instructor's Manual

Problems of Women

Diseases of Infants and Children

Child Spacing

Health Center Management Modules

- 25 Student Text 26 Instructor's Manual

Working with the Health Team

Working with Support Systems

- 27 Student Text and Instructor's Manual

Supervising and Supporting Mid-Level Health Workers

Reference Manuals

- 28 Formulary

Diagnostic and Patient Care Guides

- 29 Patient Care Procedures

- 30 Health Center Operations

- 31 Community Health

COMMUNITY HEALTH WORKER TRAINING MATERIALS

The Community Health Worker Training Materials are designed for training literate and non-literate community health workers to carry out specific tasks. The teaching approach emphasizes dialogue between trainer and trainee. Other methods employed include role-play, demonstrations, stories, and extensive use of visual aids. The materials are geared to practical skill development through maximum interaction with the trainer. The workbooks emphasize promotive and preventive skills, but include selected basic curative skills as well.

The workbooks can be used to train new community health workers or to provide continuing education for existing community health workers. To prepare mid-level health workers to train community health workers, these workbooks are used along with the community health modules.

- 32 Introduction to Training
Clean Water and Clean Community
Prevention and Care of Diarrhea

- 33 Healthy Pregnancy
Feeding and Caring for Children

- 34 Some Common Health Problems
Tuberculosis and Leprosy
First Aid

- 35 Community Learning Materials:
Health Problems in the Community
Caring for Your Child
Caring for Your Sick Child
Clean Home and Clean Community
Illustrations for Training Community Health Workers

To order books or to obtain further information on The MEDEX Primary Health Care Series, write:
The MEDEX Group, University of Hawaii, 1833 Kalakaua Ave., #700, Honolulu, Hawaii 96815-1561, U.S.A.

**SUPERVISING AND SUPPORTING
MID-LEVEL HEALTH WORKERS**

UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE
DR. TERENCE A. ROGERS, DEAN

The Health Manpower Development Staff 1978-83

Director: RICHARD A. SMITH, M.D., M.P.H.

Deputy Director: RODNEY N. POWELL, M.D., M.P.H.

Manpower Development

JOYCE V. LYONS, R.N., M.Ed., Ed.D.
THOMAS G. COLES, JR., B.S., Mx.
MONA R. BOMGAARS, M.D., M.P.H.
JOHN RICH, B.A., R.N., S.R.N.
GREGORY A. MILES, M.S., M.P.H.

Management Systems

ERNEST E. PETRICH, B.A., M.P.H.
ALBERT R. NEILL, B.A.
EUGENE R. BOOSTROM, M.D., Dr.P.H.
PATRICK B. DOUGHERTY, B.S., M.R.P.

Communications

SUNIL MEHRA, B.A.

Evaluation

ROBERT W. MACK, M.D., M.P.H.

Project Coordinators

MARIAN DEWALT MORGAN, B.A., M.A., M.P.H.
ROSEMARY A. DESANNA, B.S., M.P.H.

Production

DAVID R. ALT, B.S., M.P.H.
RICHARD D. MUNRO-McNEILL, B.A.
ALLISON L. STETTNER, B.A., M.P.H.
DAVID NELSON, B.A., M.A.
KENNETH A. MIYAMOTO, B.F.A.
EVE J. DECOURSEY
TERESA M. HANIFIN, B.A.
SONYA A. STEELE

Administration

FRANK R. WHITE, JR. B.S., M.B.A.
EVELYN A. HEIN, B.A.
LINDA H. OSHIRO, A.A.
CYNTHIA L. STEPHENS, B.Ed.
RUTH D. JAMES, B.A.
MILDRED MACUGAY, B.S.
JOYCE K. UYENO, B.A.
LEILANI ANN B. COCSON, A.S.
LINDA A. TAGAWA
LYNN M. OSHIRO, B.A.
LORNA CARRIER SMITH, B.A.
MARILYN M. NG, B.A.

University of Hawaii Overseas Staff (Long Term Advisors)

Pakistan

JOHN R. WATSON, M.B.B.S., M.P.H.
MICHAEL J. PORTER, M.D.
MICHAEL D. O'BYRNE, M.D., M.P.H.
JOHN H. EATON, B.S.
RICHARD E. JOHNSON, B.S.N., M.P.H.

Lesotho

CLIFFORD D. OLSON, B.A., M.A.
ALVIN KESSLER HOTTLE, B.S., M.P.A.
SANDRA S. TEBBEN, B.S., P.N.P., C.N.M., M.P.H.
PAMELA T. PRESCOTT, F.N.P., M.H.S.
LESTER N. WRIGHT, M.D., M.P.H.

Guyana

RICHARD. BLAKNEY, B.S., M.P.H.
EDWARD MARGULIES, M.D., M.P.H.

Principal Program Collaborators

Pakistan

DR. MUSHTAQ A. CHAUDHARY, DEPUTY DIRECTOR
GENERAL, MINISTRY OF HEALTH, ISLAMABAD
DR. NAZIR-UL-HAQUE, NWFP
DR. ZAHUR A. KHAN, BALUCHISTAN
DR. NISAR A. SIDDIQUI, SIND
DR. KHALID M. SULARI, PUNJAB

Lesotho

M. T. THABANE, PERMANENT SECRETARY
MINISTRY OF HEALTH, MASERU
NTHUNSE T. BOROTHO, R.N., B.S., M.P.H.
CHIEF PLANNING OFFICER
MINISTRY OF HEALTH, MASERU
NTSIENG RANKHETHOA, P.H.N., N.C.

Guyana

FRANK M. W. WILLIAMS, M.B.B.S., M.R.C.P.
DIRECTOR, MEDEX PROGRAM, GEORGETOWN
JAMES LAROSE, M.B.B.S.
HUGH HOLDER, M.B.B.S.
MELISSA HUMPHREY, ADMINISTRATOR
SASENARINE SINGH, NURSE DISPENSER, Mx.
YVETTE THOMAS-MOORE, P.H.N., Mx.

MEDEX Network Staff

University of Washington

ANDREW G. PENMAN, M.B.B.S.
ROBERT G. HARMON, M.D., M.P.H.
WILLIAM B. CALLEN, M.S., B.M.E., Ph.D.
SHARON L. ERZINGER, P.A.-C., M.P.H.
JOHN A. KETCHER, P.A.-C.
ROBERT DRICKEY, M.D.

University of North Dakota

ROBERT C. EELKEMA, M.D., M.P.H.
MICKEY KNUTSON, R.N., M.N., F.N.P.
BONNIE R. BATA, R.N., B.S., P.A.-C., F.N.P.
EDWARD J. KLECKER, B.S.
MERRILL M. SHUTT, M.D., M.P.H.

COMMUNITY HEALTH CELL

47/1 St. Mark's Road, Bangalore - 560 001

The MEDEX Primary Health Care Series

SUPERVISING AND SUPPORTING MID-LEVEL HEALTH WORKERS

Student Text

© 1983

Health Manpower Development Staff
John A. Burns School of Medicine
University of Hawaii, Honolulu, Hawaii, U.S.A.

PHC-100
02085
COMMUNITY HEALTH CELL
326, V Main, I Block
Koramangala
Bangalore-560034
India

Library of Congress Catalog Card No. 83-80675

First Edition

Printed in U. S. A.

Any parts of this book may be copied or reproduced for non-commercial purposes without permission from the publisher. For any reproduction with commercial ends, permission must first be obtained from the Health Manpower Development Staff, John A. Burns School of Medicine, University of Hawaii, 1960 East-West Road, Honolulu, Hawaii 96822.

FUNDED BY THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT CONTRACT NO. DSPE-C-0006. The views and interpretations expressed are those of the Health Manpower Development Staff and are not necessarily those of the United States Agency for International Development.

TABLE OF CONTENTS

TASK ANALYSIS TABLE	10
SCHEDULE	14
INTRODUCTION	17

UNIT 1

Discovering Expectations

Student Guide	19
Your Expectations of This Course	19
Exercise 1: Your Expectations	20

UNIT 2

Introduction to Supervision

Student Guide	21
What Is a Supervisor?	23
Why Is Supervision Important?	23
What Skills Do Supervisors Need?	24
Characteristics of an Effective Supervisor	26
Characteristics of an Ineffective Supervisor	27
Functions of a Supervisor of Mid-Level Health Workers	28
Authoritarian and Participative Approaches to Supervision	29
Leadership Styles	30
Exercise 2: Assessing Attitudes about Health Workers	35
Exercise 3: Recognizing Leadership Styles	36
Exercise 4: Using Leadership Styles	39
Exercise 5: Developing Guidelines for Using Leadership Styles	42
Worksheet for Exercise 5: Developing Guidelines for Using Leadership Styles	43

UNIT 3

Leadership and Team Building

Student Guide	44
Who Is a Leader?	45
How Leaders Get Authority	45
How Leaders Build Teams	47
Exercise 6: How You Act in Groups	49
Exercise 7: Broken Squares	51
Exercise 8: Team Building	52

UNIT 4

Communicating with Mid-Level Health Workers

Student Guide	53
What Is Communication?	54
One-Way Communication	54
Two-Way Communication	55
Listening Is a Key to Effective Communication	57
Problems in Communication	57
Exercise 9: One-Way and Two-Way Communication	60
Exercise 10: Active Listening	61

UNIT 5

Grievances and Disciplinary Problems

Student Guide	62
Grievances and Disciplinary Problems	63
How to Prevent Grievances and Disciplinary Problems	64
How to Handle Grievances	66
Using Formal Grievance Procedures	67
How to Handle Disciplinary Problems	67
Supervisors, Grievances, and Disciplinary Problems	69
Exercise 11: Handling Grievances and Disciplinary Problems	71

UNIT 6

Making Supervisory Decisions

Student Guide	72
What Makes a Decision?	73
How You Make Decisions	73
Steps in Making Decisions	74
Involving Mid-Level Health Workers in Making Decisions	78
Exercise 12: Tetanus of the Newborn Decision	80
Worksheet for Exercise 12: Tetanus of the Newborn Decision	81
Exercise 13: Making a Decision	82

UNIT 7

Planning and Evaluation for Supervisors

Student Guide	83
What Is Planning and Evaluation?	84
Stages in Planning and Evaluation	85
Planning and Plans	87
Planning and Evaluating the Work of Mid-Level Health Workers	88
Planning and Evaluating Your Own Work	90
Exercise 14: Planning and Evaluating Your Own Work	98

UNIT 8

Using a Checklist to Supervise Mid-Level Health Workers

Student Guide	100
The Mid-Level Health Worker's Role	101
Using Checklists to Monitor Primary Health Care Services	102
Format for Checklists	103
Exercise 15: Developing a Supervisory Checklist	104

UNIT 9

Evaluating Performance and Motivating Mid-Level Health Workers

Student Guide	105
What Is Motivation?	107
The Role of a Positive Attitude	107
Understanding Mid-Level Health Workers	108
Developing Trust	108
Ways to Motivate Mid-Level Health Workers	109
What Is Performance Evaluation?	112
Formal and Informal Performance Evaluations	113
Principles of Performance Evaluations	114
Guidelines for Doing Annual Performance Evaluations	115
Evaluating Skills	117
Exercise 16: Motivating a Mid-Level Health Worker	118
Worksheet for Exercise 16: Motivating a Mid-level Health Worker	119
Exercise 17: Case Study in Performance Evaluation	121
Worksheet for Exercise 17: Case Study in Performance Evaluation	122
Exercise 18: Evaluating the Performance of Mid-Level Health Workers	124
Exercise 19: Evaluating Patient History Taking	125
Exercise 20: Evaluating the Use of Patient Cards	125
Exercise 21: Evaluating the Use of Maternity Cards	126
Exercise 22: Evaluating the Use of Inventory, Order, Issue, and Receipt Forms	126

UNIT 10

Continuing Education

Student Guide	127
What Is Continuing Education?	128
Why Is Continuing Education Important?	128
Fundamental Principles of Training	129
How Are Continuing Education Needs Determined?	130

Providing Continuing Education	131
Exercise 23: Evaluating Your Training	132
Exercise 24: Providing Continuing Education for Mid-Level Health Workers	133

TASK ANALYSIS TABLE

SUPERVISING AND SUPPORTING MID-LEVEL HEALTH WORKERS

Work Requirements DUTIES	Training Requirements	
	SKILLS	KNOWLEDGE
<p>The supervisor will:</p> <p>1. Supervise and support mid-level health workers</p>	<p>The supervisor in training will demonstrate his ability to:</p> <p>1.1 Decide when an authoritarian style of leadership is needed and when a participative style of leadership is needed</p>	<p>The supervisor in training will demonstrate his knowledge of:</p> <p>1.1.1 How attitudes influence a supervisor's leadership style</p> <p>1.1.2 Guidelines for determining when to use an authoritarian or a participative leadership style</p>
	<p>1.2 Use both the authoritarian and the participative leadership styles</p>	<p>1.2.1 Characteristics of a leader and the relationship between leadership and authority</p>
	<p>1.3 Build teams with a group of mid-level health workers</p>	<p>1.3.1 How teams function</p>
	<p>1.4 Use two-way communication</p>	<p>1.3.2 The role of a team leader</p> <p>1.4.1 The two-way communication process, including feedback and active listening</p>
	<p>1.5 Handle grievances and disciplinary problems</p>	<p>1.4.2 Factors that interfere with communication</p> <p>1.5.1 The primary causes of grievances and disciplinary problems</p>

<div>Work Requirements</div> <div>DUTIES</div>	<div>Training Requirements</div> <div>SKILLS</div>	<div>KNOWLEDGE</div>
	<div>1.6 Make decisions by identifying a problem; identifying all possible solutions; selecting one solution; and implementing and following up the decision</div> <div>1.7 Help mid-level health workers plan and evaluate their own work by acting as an advisor, trainer, and a leader</div>	<div>1.5.2 Guidelines and procedures for handling grievances and disciplinary problems</div> <div>1.6.1 The four steps in making a decision</div> <div>1.6.2 Two principles of making a decision</div> <div>1.6.3 Difference between objective and subjective information</div> <div>1.7.1 The supervisor's role in planning and evaluating the work of mid-level health workers</div> <div>1.7.2 The planning and evaluation procedures and tools used by mid-level health workers</div> <div>1.7.3 The goals and objectives of the ministry of health</div>

Work Requirements	Training Requirements	
DUTIES	SKILLS	KNOWLEDGE
	<p>1.8 Plan and evaluate his own work by:</p> <ul style="list-style-type: none"> Defining needs Setting work objectives Making work plans Carrying out plans Evaluating plans <p>1.9 Evaluate the performance of mid-level health workers</p> <p>1.10 Motivate mid-level health workers</p>	<p>1.8.1 The five stages in the planning and evaluation process</p> <p>1.8.2 Difference between planning and plans</p> <p>1.8.3 The needs of mid-level health workers and the ministry of health</p> <p>1.8.4 How to state objectives</p> <p>1.8.5 How to write work plans</p> <p>1.8.6 How to schedule work</p> <p>1.8.7 Why you should keep a mid-level health worker profile and record of supervisory visits</p> <p>1.8.8 The difference between formal and informal evaluation</p> <p>1.9.1 How to perform formal and informal evaluations</p> <p>1.9.2 Guidelines, procedures, and forms for doing an annual performance evaluation</p> <p>1.10.1 The role of a positive attitude in motivating mid-level health workers</p>

Work Requirements	Training Requirements	
DUTIES	SKILLS	KNOWLEDGE
	<p>1.11 Provide continuing education</p>	<p>1.10.2 Guidelines for developing trust</p> <p>1.10.3 Methods for motivating mid-level health workers</p> <p>1.11.1 Guidelines for assessing continuing education needs</p> <p>1.11.2 Methods for providing continuing education</p>

SCHEDULE

SUPERVISING AND SUPPORTING MID-LEVEL HEALTH WORKERS

DAY 1	DAY 2	DAY 3	DAY 4
Introduction to Supervising and Supporting Mid-Level Health Workers module Discovering expectations Introduction to supervision	Leadership and team building	Grievances and disciplinary problems	Making supervisory decisions
	Communicating with mid-level health workers	Making supervisory decisions	Making supervisory decisions
Introduction to supervision			

DAY 5	DAY 6	DAY 7	DAY 8
Planning and evaluation for supervisors	Planning and evaluation for supervisors	Planning and evaluation for supervisors	Using a checklist to supervise mid-level health workers
Planning and evaluation for supervisors	Planning and evaluation for supervisors	Planning and evaluation for supervisors	Using a checklist to supervise mid-level health workers

DAY 9	DAY 10	DAY 11	DAY 12
Using a checklist to supervise mid-level health workers	Using a checklist to supervise mid-level health workers	Evaluating performance and motivating mid-level health workers	Evaluating performance and motivating mid-level health workers
Using a checklist to supervise mid-level health workers	Using a checklist to supervise mid-level health workers	Evaluating performance and motivating mid-level health workers	Continuing education Posttest

Introduction

This continuing education module, Supervising and Supporting Mid-Level Health Workers, assumes that you already have the technical knowledge and skills of a mid-level health worker. For example, it assumes that you have provided clinical and maternal and child health services in a health center, that you have worked with communities to carry out health projects, that you have worked with community health workers, and that you have managed a health center or similar facility. With this background and experience, you will be able to take full advantage of the training offered in this module.

Supervising mid-level health workers presents a supervisor with unusual challenges. First, you will not frequently see the mid-level health workers you supervise because they will be posted at widely dispersed health centers. Second, the transportation and communication on which a supervisor depends will be poor or absent in many rural areas where mid-level health workers will work. Third, because mid-level health workers are a relatively new type of health worker, you will find that their roles and responsibilities may not be clearly understood by patients, by the community, and even by some ministry of health personnel. These and other problems specific to supervisors of mid-level health workers have been taken into account in developing this module.

Providing primary health care services is a demanding job. Above all, mid-level health workers need guidance and support from a supervisor they trust. Therefore, this module emphasizes supervision as support, rather than as control. Of course, you will have to direct and control mid-level health workers in certain situations, but the emphasis should always be on guidance and support.

The Supervising and Supporting Mid-Level Health Workers module has ten units. These units include text material followed by practical exercises. Some of the exercises take only about an hour; others take several months of field work to complete. These exercises will help you to learn how to be an effective supervisor. Student Guides in front of each unit list objectives that tell you what you are expected to learn and learning activities that tell you how you will learn it. The units will be

taught in order from Unit 1 to Unit 10. Your instructor will make special arrangements for exercises that require you to actually supervise mid-level health workers.

The role of the instructor is to give you directions, answer questions, lead discussions, and help you learn the material. However, this training program will succeed only if you take an active part. Before each session:

Read the text material and write down questions to ask your instructor about any part of the lesson you do not understand

Relate the information in the text to your own experience and share this information with others during the discussion

Take an active part in the exercises and assume responsibility for your own learning

Your instructor will evaluate you to measure your progress. For example, you will fill out a questionnaire before you begin the module and again after you complete the module. This questionnaire will measure the change in your supervisory attitudes and knowledge. Your instructor will explain the evaluation process he intends to use.

Unit 1

Discovering Expectations

STUDENT GUIDE

OBJECTIVES

1. Identify your expectations for the Supervising and Supporting Mid-Level Health Workers module.
2. Clarify the roles and responsibilities of both instructors and participants.

LEARNING ACTIVITIES

1. Answer questions about your expectations for this course.
2. Take part in a discussion of your expectations.

1.1 YOUR EXPECTATIONS OF THIS COURSE

What do you expect to gain from taking this course in supervising and supporting mid-level health workers? What role do you expect the instructor to play during the course? What role do you expect yourself and other participants to play?

Think for a moment about your expectations for this course. Then answer a short list of questions. The questions focus on what you expect to learn and how you expect to learn it.

The instructor needs to know your expectations, just as you need to know the instructor's expectations. This mutual understanding of expectations improves learning and is essential for the success of this course.

EXERCISE 1

Your Expectations

Complete the statements below. You have fifteen minutes. Give the completed questionnaire to your instructor. You do not need to sign it.

The most important skills I hope to learn from this module are:

The instructor's role during this course will be to:

My role during this course will be to:

Unit 2

Introduction to Supervision

STUDENT GUIDE

OBJECTIVES

1. Describe your attitudes toward health workers.
2. Describe how attitudes influence a supervisor's leadership style.
3. Recognize and use authoritarian and participative leadership styles.
4. Develop guidelines for using authoritarian and participative leadership styles.

LEARNING ACTIVITIES

1. Read and take part in a discussion of Unit 2.
2. Answer questions about your attitudes toward health workers.
3. Take part in a discussion of attitudes and how they influence a supervisor's leadership style.
4. Read three case studies involving different leadership styles and answer questions about them.
5. Take part in a discussion of the three case studies.
6. Read three situations and describe how an authoritarian and a participative supervisor might react to these situations.
7. Take part in a discussion and role-play of these three situations.
8. Describe in writing the appropriate leadership styles for a list of supervisory functions.
9. Take part in a discussion of appropriate leadership styles for several categories of supervisory functions.

10. Summarize what you have learned in Unit 2 by developing a set of guidelines to help you decide when to use an authoritarian style or a participative style.

2.1 WHAT IS A SUPERVISOR?

A supervisor is responsible for seeing that others' work is done correctly. However, a supervisor does not do the work himself; instead, he works with and through other people to get the work done. Therefore, a supervisor is always dependent on other people for his own success.

A supervisor has subordinates for whom he is responsible. But he also has superiors. Supervisors frequently find themselves caught between the conflicting expectations of their subordinates and their superiors. Mid-level health workers expect their supervisors to be honest, fair, easy to talk to, supportive, and technically qualified. However, the supervisor's superiors at ministry of health headquarters will expect him to enforce ministry of health rules and regulations, to motivate mid-level health workers, and to understand and support the national primary health care program. So you see, this supervisor must balance the expectations of his mid-level health workers and his superiors.

You may find yourself in a similar situation. With practice and experience, you will learn how to balance the expectations of mid-level health workers and of your superiors. This will cause some stress. If you cannot tolerate a certain amount of stress, you will probably not enjoy being a supervisor.

2.2 WHY IS SUPERVISION IMPORTANT?

The effectiveness of workers largely depends on the supervision they receive. Quality of work is directly related to the quality of supervision. High quality supervision leads to high quality work; poor supervision leads to poor work. The importance of supervision is that simple. Even well trained, highly motivated mid-level health workers eventually become discouraged and ineffective when supervision is lacking.

There is no simple formula for providing high quality supervision. Much depends on the work situation and the strengths and weaknesses

of individual mid-level health workers. Furthermore, the type of supervision required will shift over time. For example, a newly trained mid-level health worker will need a supervisor who is in frequent contact and who will serve as a role model and problem solver. However, as the mid-level health worker settles into his job, his supervisory needs will change. Contact with his supervisor may be less frequent. His supervisor may give the mid-level health worker more technical advice and continuing education than before. An effective supervisor improves the quality of his supervision by adapting his supervisory activities to changing situations and to the needs of mid-level health workers.

Quality of supervision also depends on the attitude of the supervisor toward mid-level health workers and other health workers. What are your attitudes toward health workers? Find out by answering the questions in Exercise 2.

2.3 WHAT SKILLS DO SUPERVISORS NEED?

A supervisor needs three kinds of skills:

- Technical skills
- Interpersonal skills
- Conceptual skills

Technical Skills

A supervisor must have technical skills to understand the jobs performed by mid-level health workers. At the very least, this means being competent in the skills described in the mid-level health worker reference manuals. You must know what clinical, maternal and child health, community health, and management procedures that mid-level health workers are following. You may have to learn some of these procedures yourself. For example, if you have never worked with community health workers, you should get that experience before trying to supervise a mid-level health worker who is training and supporting community health workers.

Technical skills are the foundation of a supervisor's leadership. Knowing well the jobs performed by mid-level health workers will

give you self-confidence and earn you respect from the mid-level health workers you supervise.

Supervisors frequently are promoted to their positions because of their outstanding technical skills. But as supervisors they immediately face problems that have little or nothing to do with their technical skills. Supervising a job is not like doing a job. A supervisor needs the cooperation and support of other people to get the job done, whereas before he simply did his job himself. Since a supervisor works through other people to get a job done, he needs other skills in addition to technical skills.

Interpersonal Skills

A supervisor works through other people, so he needs skills that make it possible for him to get along well with people. He needs interpersonal skills. Interpersonal skills are simply the way you talk and act when you deal with people. In your case, you must get along with mid-level health workers and their teams as well as ministry of health officials at district and central levels. Interpersonal skills help you get along with both groups. For example, some interpersonal skills you will need are an ability to:

- Listen carefully

- Establish rapport with people easily and quickly

- Encourage and motivate workers

Interpersonal skills require maturity, sensitivity, a genuine interest in people, and a desire to work together with them. Several of the exercises in this module are designed to help you improve your interpersonal skills.

Conceptual Skills

In addition to technical and interpersonal skills, a supervisor needs conceptual skills. Conceptual skills involve ways of thinking. For example, to analyze problems you should be able to make a mental picture of each possible solution and actually think it through before selecting one.

In summary, a supervisor needs conceptual skills to know what work should be done, technical skills to know how the work should be done, and interpersonal skills to develop the support and cooperation required to get the work done.

2.4 CHARACTERISTICS OF AN EFFECTIVE SUPERVISOR

Effective supervisors have different backgrounds, personalities, and work habits. However, supervisors who succeed generally share certain characteristics.

Desire to Succeed

An effective supervisor does not wait for someone else to plan and organize his work. He plans and organizes it himself. The desire to work hard and to succeed comes from within. A successful supervisor likes challenging work; he wants to succeed; he is willing to work hard. He also has the maturity and self-confidence to ask for support and advice when he needs it.

Understanding of the Job

An effective supervisor is technically competent. He understands the job he is supervising and how this job fits into the overall activities of the organization. For supervisors of mid-level health workers, technical competence means having a thorough knowledge of the clinical, maternal and child health, community health, and management skills of mid-level health workers, as well as the goals and objectives of the ministry of health.

Fairness

An effective supervisor invariably has a reputation for being fair. He does not play favorites. The key to his success is consistency. A good supervisor treats mid-level health workers fairly and consistently when applying rules and regulations. He guards against identifying too closely with either the mid-level health workers he supervises or with his superiors in the ministry of health. As a supervisor, he fairly represents both the mid-level health workers and the ministry of health in their dealings.

Willingness to Supervise and to Take Responsibility

An effective supervisor enjoys working with people and organizing people to carry out a job. He enjoys supervising a job rather than doing the job himself. He enjoys having responsibility for getting

a job done. When a job is done well, he shares the credit with the people working under his supervision. When mistakes occur, he is willing to take the blame.

Ability to Lead

An effective supervisor is a leader. He is able to influence other people. Mid-level health workers look to him for direction. They respect his decisions.

2.5 CHARACTERISTICS OF AN INEFFECTIVE SUPERVISOR

Ineffective supervisors also have different backgrounds, personalities, and work habits. However, supervisors who fail generally share certain characteristics.

Inability to Get Along with People

An ineffective supervisor usually lacks good interpersonal skills. For this reason he has poor relations with mid-level health workers or with ministry of health officials or with both.

Lack of a Desire to Lead

An ineffective supervisor usually has to be told what to do. He avoids responsibility, even when he is capable of doing a job. He is not consistent and dependable.

Failure to Understand Policy

An ineffective supervisor often identifies too closely with mid-level health workers and loses sight of the ministry of health policy. This is especially a problem for supervisors who were once mid-level health workers themselves. They are quick to see the mid-level health worker's point of view in any situation and to forget the ministry of health policy.

Failure to Work Hard

An ineffective supervisor usually is unwilling to spend the time and effort required to improve his work. He is often lazy.

Lack of Skill in Planning and Organizing Work

An ineffective supervisor is usually disorganized. He may work long hours but accomplish very little.

This module will give you skills to help you avoid some of these common pitfalls. Supervising mid-level health workers is not easy, but the ministry of health has selected you for this job and there is no reason why you should not succeed if you try hard enough.

2.6 FUNCTIONS OF A SUPERVISOR OF MID-LEVEL HEALTH WORKERS

The primary function of a supervisor of mid-level health workers is to guide and support them. To do this, the supervisor should:

- Help mid-level health workers plan, implement, and evaluate their work

- Provide technical advice in clinical, maternal and child health, community health, and management areas

- Handle grievances and disciplinary problems involving mid-level health workers

- Motivate and evaluate performance of mid-level health workers

- Provide continuing education

- Serve as a link between mid-level health workers and ministry of health officials

You can take two approaches in performing these supervisory functions. You can plan and organize by yourself. Or you can involve the mid-level health workers in planning and organizing.

The first approach is the authoritarian approach to supervision. The second is the participative approach to supervision.

In this unit, you are going to learn how to tell the difference between these two approaches and learn how to use both the participative approach and the authoritarian approach in your work as a supervisor.

2.7 AUTHORITARIAN AND PARTICIPATIVE APPROACHES TO SUPERVISION

Are you a participative supervisor or an authoritarian supervisor? You probably have an authoritarian style because you learned about supervision by watching other supervisors. Many supervisors are authoritarian. Look at the two lists of attitudes about people below. Which attitudes do you agree with most, the authoritarian or the participative?

ATTITUDES OF AUTHORITARIAN AND PARTICIPATIVE SUPERVISORS

AUTHORITARIAN	PARTICIPATIVE
People do not like to work.	People are naturally active. They like to work if they think the work is important.
People work mostly for money.	People look for many things in work: a chance to learn new skills, to make money, to achieve personal goals, and to help others.
People do their work because they are afraid of losing their jobs.	People do their work because they get satisfaction from doing a job well.
Many adults remain child-like. They naturally depend on supervisors the way a child depends on his father.	People want adult responsibility and a feeling of doing something important. They like to control their own work.
People need direction. They do not want to think for themselves. They need detailed instruction on what to do and how to do it. They are not interested in the overall impact of their work.	People know what is needed and can direct their own work. They need advice and assistance, plus feedback on how well they are doing. They want to know how their work contributes to the improvement of health in the community.

People need supervisors who will watch them closely, give them praise for good work, and punish them for poor work.

People think only about their own selfish interests.

People do not like to change. They like to do the same work every day.

People need to be pushed to do their work.

People need to be respected by supervisors. Most people are responsible workers and do not need to be watched every moment.

People think about community and ministry of health interests, as well as their own interests.

People get tired of the same work each day. They like new experiences. People want to learn new skills.

People work best when they are encouraged and helped, not pushed.

Attitudes guide the way you supervise. Your attitudes will determine how you make decisions, plan a mid-level health worker's schedule, and how you motivate, encourage, and discipline mid-level health workers. In fact, your attitudes will affect all your supervisory functions. Your attitudes will determine whether you are an authoritarian or participative leader.

2.8 LEADERSHIP STYLES

There is no single, correct way to lead mid-level health workers. Each mid-level health worker and each health center situation is different. As a supervisor of mid-level health workers, you must decide what leadership style should be used and when it should be used. You must know when to use an authoritarian approach and when to use a participative approach.

The Authoritarian Style of Leadership

An authoritarian supervisor focuses only on the work to be done. He believes that he must make decisions alone. He must plan the work and watch his mid-level health workers closely while they

are doing the work. He sets the objectives for the mid-level health workers. He supervises and pushes them to get their work done.

The authoritarian supervisor believes that he should give orders and that mid-level health workers should obey them. He believes that his decisions are the best decisions. He believes most people dislike work and will avoid it if possible. He believes that mid-level health workers want to be told what to do. He feels that he must plan the mid-level health workers' work in detail and tell them when to do it. He believes his own procedures and work methods are best and that mid-level health workers should also use these methods. In many cases, the authoritarian supervisor is insecure. To compensate for his insecurity, he tries to always be in firm control.

Some authoritarian supervisors are effective; some are not. Below are examples of both an effective and an ineffective authoritarian supervisor.

a Effective authoritarian supervisor

Mid-level health workers know that the effective authoritarian supervisor is committed to his work and that he works hard. Because of this, the mid-level health workers cooperate with him. He is effective because mid-level health workers cooperate and do their work. His weakness is that he does not know how to get the best out of his mid-level health workers. He does not use the interpersonal skills that would motivate mid-level health workers to work harder and provide better health services.

b Ineffective authoritarian supervisor

Mid-level health workers do not cooperate with the ineffective authoritarian supervisor. They feel the supervisor does not respect them. They feel they do not have an important role in planning and carrying out work at the health center. They do not take responsibility for work and they have little commitment to their work. The ineffective authoritarian supervisor does not listen to his mid-level health workers' opinions. This causes resentment. He ignores the resentment which grows and strains personal relations. He gets no cooperation, so little work gets done.

The Participative Style of Leadership

The supervisor who uses the participative or helping style of leadership wants mid-level health workers to participate in setting objectives for their work. He uses team decisions, team planning,

and team cooperation in getting work done. Consequently, mid-level health workers take responsibility for the work and are committed to the work.

The participative supervisor trusts mid-level health workers' abilities. He listens to their opinions and encourages them to contribute their ideas about how to provide better health care. He always helps them improve their skills. He gives them more responsibility as their skills improve. He spends much of his time with mid-level health workers. He works with them to solve problems at a health center or in a community.

To the outsider, especially one who favors an authoritarian style, the participative supervisor looks as though he is not doing much work. He is always consulting with mid-level health workers and encouraging them in their work, but he does not do the work himself. He does not use firm control and authority to lead mid-level health workers. He wants mid-level health workers to speak up. He thinks different opinions improve decisions. In most cases, the participative supervisor has self-confidence, which is why he is willing to share ideas and encourage involvement and participation by mid-level health workers.

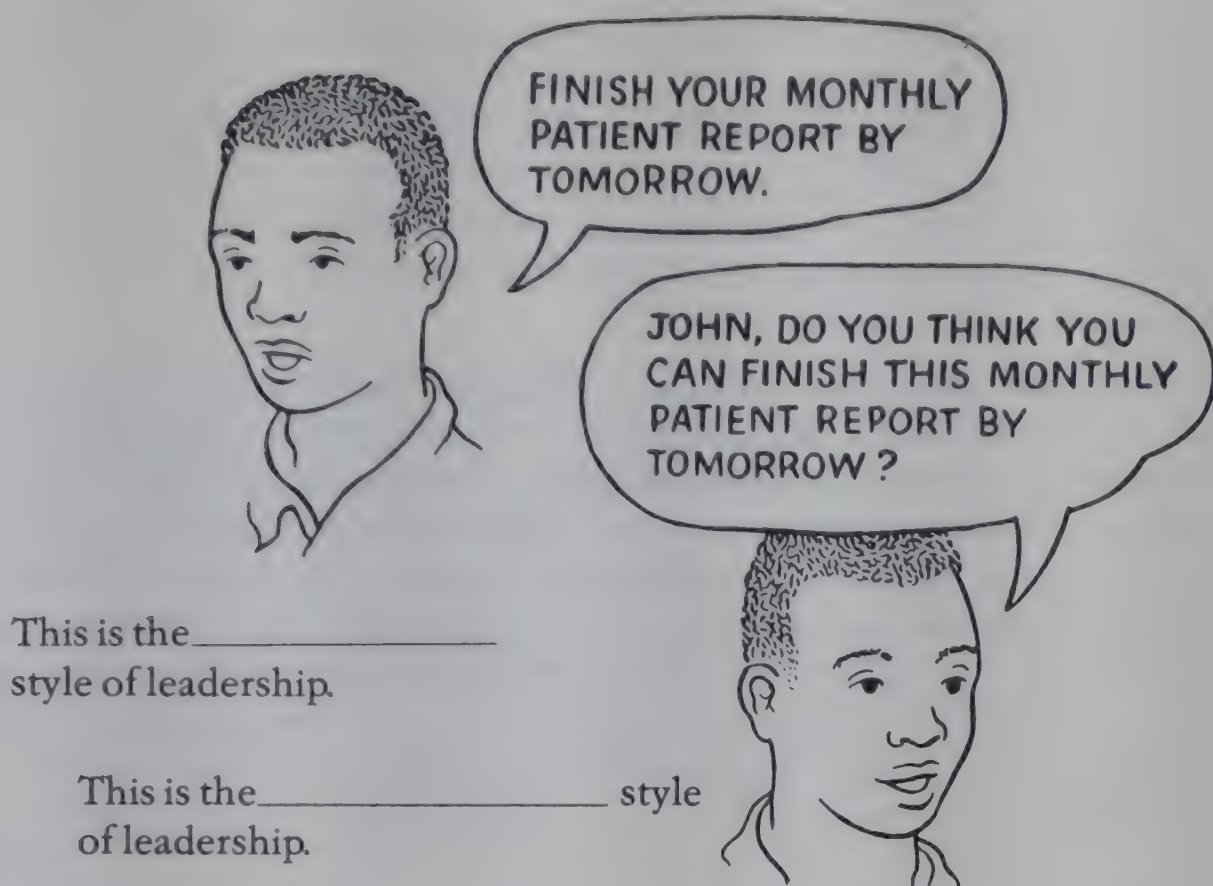
Some participative supervisors are effective. Some are not effective. Below is an example of both an effective and an ineffective participative supervisor.

a Effective participative supervisor

The effective participative supervisor has the cooperation he needs to do his work. He is effective because mid-level health workers know he respects them, and they in turn trust him. The supervisor and the mid-level health workers feel that they are members of a team, working together to provide health services.

b Ineffective participative supervisor

The ineffective participative supervisor thinks that participation means being nice to mid-level health workers or letting them do what they want. He frequently changes his mind to keep mid-level health workers happy. He avoids arguments and never makes any firm decisions. He is not committed to getting the work done; he only wants to keep mid-level health workers happy. Not much work is done.



Sometimes, a supervisor must use an authoritarian style. For example, emergency situations require immediate action. You will have no time to consult with anyone. In most cases, however, mid-level health workers work best under a participative style of leadership.

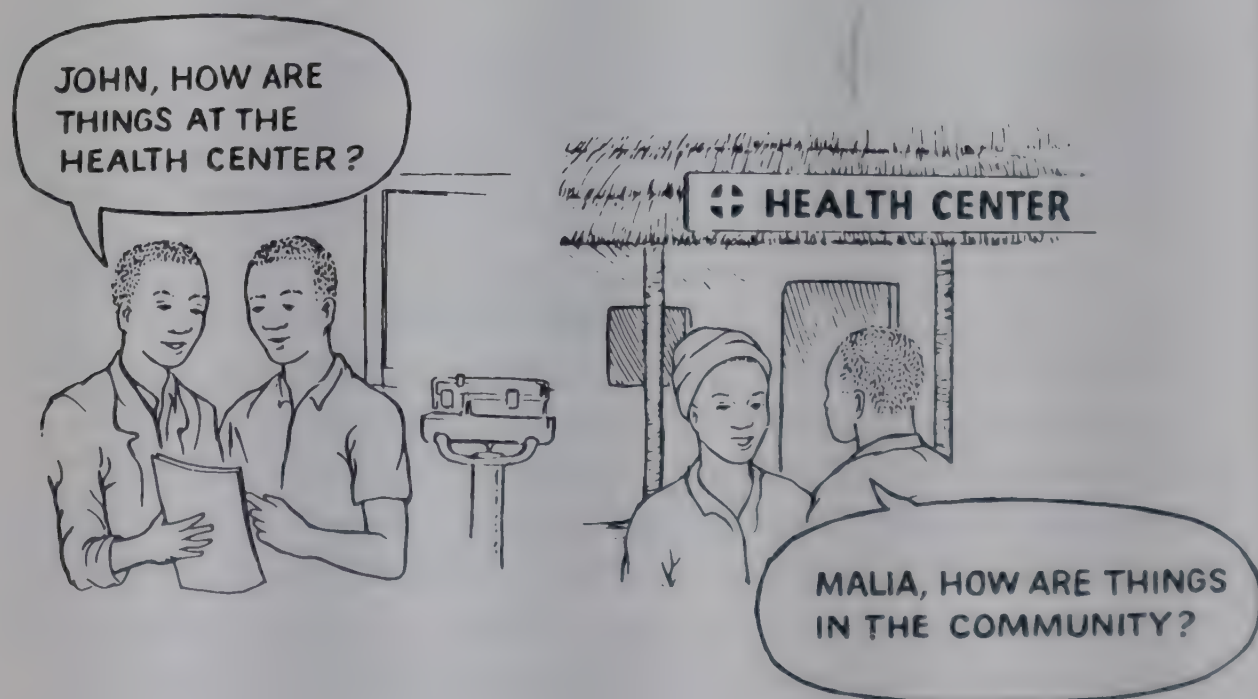
The participative style has three advantages. First, mid-level health workers will feel they belong to a team, and they will work harder. Second, mid-level health workers will be more motivated. They will accept decisions and carry out work with more commitment and enthusiasm. They will have self-confidence. Third, the quality of decisions will be improved because the ideas and experiences of several people, rather than just those of the supervisor, will go into making them.

The participative style is particularly effective for supervising mid-level health workers in rural areas. With direct contact limited to once a month or even less, the supervisor's goal is to develop independent, self-reliant, and confident mid-level health workers who can work without close supervision. In most rural areas, not enough direct contact between mid-level health workers and supervisors occurs to make a highly authoritarian style possible, even if it were desirable.

You should understand one final point about leadership styles. Supervisors tend to copy the leadership style of their superiors. Large organizations such as a ministry of health often rely on an authoritarian style.

Decisions are often made at central offices. District level personnel feel that the ministry of health wants them to follow rules and orders. Health center supervisors tend to copy this authoritarian style, often unconsciously, when dealing with mid-level health workers. Therefore, make a conscious effort to use a participative style, even though your own superiors in the ministry of health may continue to use an authoritarian style with you.

As you might tend to copy the leadership style of your superiors, mid-level health workers tend to copy your leadership style. Mid-level health workers are responsible for supervising and supporting community health workers and health center staff. You are a role model for them. If mid-level health workers see that you try to assist and guide them, and if they respect you as a supervisor, then they are likely to use a similar participative style with health workers they supervise. So by using a participative style yourself, you help ensure that mid-level health workers use the same effective style with community health workers and health center staff.



EXERCISE 2

Assessing Attitudes about Health Workers

Complete the statements below by listing five words describing each health worker. For example, district public health nurses are: “Overworked, Serious, Helpful, Stubborn, Responsible.” Write the first words you think of. Do not take a long time to write your answers. You have five minutes to complete this exercise. Spend about one minute on each list. Give the completed questionnaire to your instructor. You do not need to sign it.

COMMUNITY HEALTH WORKERS ARE:	MID-LEVEL HEALTH WORKERS ARE:	SUPERVISORS OF MID-LEVEL HEALTH WORKERS ARE:	DISTRICT HEALTH OFFICERS ARE:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

EXERCISE 3

Recognizing Leadership Styles

You have learned about the differences between authoritarian and participative styles of leadership. In this exercise, you will practice recognizing them.

STEP 1

Spend thirty minutes reading the three case studies and answering the questions that follow each one. Work alone during this part of the exercise.

STEP 2

After you have read the case studies and answered the questions, take part in a discussion of the case studies. Be prepared to explain your answers.

Case Study 1

In 1981, Joe Em was appointed mid-level health worker supervisor in a rural area. He moved there with his family. The local housing and school were poor. Joe was responsible for supervising three mid-level health workers assigned to three health centers. Communication and transportation among the health centers was a constant problem.

The three mid-level health workers had poor morale. One of them often drank liquor. Another lived alone. Very often she left to visit her family in the capital city. The mid-level health workers did very little work.

Joe tried to keep everyone happy and avoid conflict as much as possible. He did not receive any cooperation. As a result, he could not do much of the work expected of him.

What is the style of this supervisor? _____

Is it effective? _____

What style should this supervisor use? _____

Case Study 2

Sione is the mid-level health worker at a rural health center. Dr. Asi is Sione's supervisor. Dr. Asi thinks that Sione's supervision of the center is very poor. He thinks that Sione does not discipline his team and does not give enough direction. He thinks that Sione pushes responsibility onto the shoulders of his nurse and midwife. Dr. Asi knows for a fact that Sione encourages both of them to plan their own work. They even call their own meetings to do this.

All this seems wrong to Dr. Asi. He thinks a good mid-level health worker knows what he wants and orders his team to do it. He thinks a good mid-level health worker should explain procedures and rules and get the team to follow them.

Sione likes the way he supervises his team. He thinks the people he works with are capable of responsibility and can make many decisions.

on their own. Since the team is responsible for much of its own work, he can spend more time away from the health center doing community health work.

What is Sione's style of leadership? _____

What is Dr. Asi's style of leadership? _____

Should Sione change his style? _____

Case Study 3

Elena has just completed a course in supervision and has been posted to Alepata District where she will supervise seven mid-level health workers. Elena is a public health nurse, but she has worked in the capital city and has not had much experience in rural areas. However, she wants to do a good job and is willing to work hard.

Sina has been a mid-level health worker in the Alepata District for three years. She comes from the district and knows everyone. People respect her. She works hard and knows her job. She has been running a health center with almost no supervision and doing a good job of it. Now Elena is her supervisor.

Elena thinks she must take control from the beginning. She thinks Sina will not respect her if she does not. She has just told Sina exactly what she wants her to do at the health center. She gave her a weekly work schedule that the ministry of health told her should be used by health centers in the district. Elena told Sina that she must follow the schedule. Sina did not say anything, but after the meeting, she did not seem friendly. Elena wonders why.

What leadership style did Elena use? _____

What style should she use? _____

What will happen if she does not change her style? _____

EXERCISE 4

Using Leadership Styles

In Exercise 3 you learned to recognize leadership styles. In this exercise you will practice using the authoritarian and participative leadership styles.

STEP 1

Read the three situations given. Describe what an authoritarian supervisor might say in each situation. Then write what a participative supervisor might say in the same situation. Work alone and take thirty minutes for this part of the exercise.

STEP 2

When you have completed writing, take part in a discussion of this exercise. Be prepared to explain your comments.

STEP 3

After the discussion, take part in a role-play of these situations. Be prepared to play the role of either an authoritarian supervisor or a participative supervisor.

Situation 1

A supervisor visits a health center while the mid-level health worker is away making home visits. The supervisor finds the health center dirty. He also finds a group of mothers waiting for the nurse to begin the maternal and child health clinic. However, the nurse has gone home to take care of her family. The supervisor leaves a note for the mid-level health worker explaining what he found. He ends the note by saying:

“I will return tomorrow morning to discuss this situation with you.”
How may the supervisor begin the discussion when he visits the next day?

Authoritarian style: _____

Participative style: _____

Situation 2

A supervisor of mid-level health workers has recently returned from a meeting at ministry of health headquarters. At the meeting, the permanent secretary stressed that all health centers must have written emergency transportation plans. He said that each health center's plan must be approved by local leaders and posted in the community where people can read it. The supervisor is now meeting with one of the mid-level health workers in his district. How may he start a discussion of the health center's emergency transportation plan with this mid-level health worker?

Authoritarian style: _____

Participative style: _____

Situation 3

A new mid-level health worker has just arrived in the district. The mid-level health worker supervisor is meeting with him for the first time. This mid-level health worker completed training last month and has been posted to a rural health center in the district. How will the supervisor begin this meeting?

Authoritarian style: _____

Participative style: _____

EXERCISE 5

Developing Guidelines for Using Leadership Styles

You have now practiced using the authoritarian and participative leadership styles. Both styles can be effective or ineffective, depending on the situation and how well the supervisor uses them. In this exercise, you will develop guidelines to help you decide when to use the two leadership styles.

STEP 1

Read the supervisory functions listed on the worksheet. Next to each function, describe the type of leadership style that is most appropriate and why you think so. Work alone and take thirty minutes for this part of the exercise.

STEP 2

Take part in a discussion of this exercise. Be prepared to explain what you have written on the worksheet. Make notes on the worksheet to help you remember the main points made during the discussion.

STEP 3

Based on your discussion of this exercise and what you have learned in Unit 2, use a second, blank worksheet to write out your own guidelines for using leadership styles. Keep these guidelines for future references.

WORKSHEET FOR EXERCISE 5

Developing Guidelines for Using Leadership Styles

SUPERVISORY FUNCTION	WHAT IS THE APPROPRIATE LEADERSHIP STYLE?	WHY IS THIS STYLE MOST APPROPRIATE?
1. Planning work		
2. Carrying out work		
3. Evaluating work		
4. Providing technical advice		
5. Handling grievances and disciplinary problems		
6. Evaluating performance and motivating mid-level health workers		
7. Continuing education		

Unit 3

Leadership and Team Building

STUDENT GUIDE

OBJECTIVES

1. Improve your understanding of how groups work and the way you work in groups
2. Practice how to begin building a team with a group of mid-level health workers.

LEARNING ACTIVITIES

1. Read and take part in a discussion of Unit 3.
2. Answer questions about how you act in groups, and then use your answers as the basis for a discussion of how a supervisor should act in groups
3. Take part in the Broken Squares team exercise.
4. Discuss the Broken Squares exercise and your role on the team.
5. Outline points you want to cover in a meeting to build a team with mid-level health workers.
6. Take the part of a supervisor in a role-play meeting to build a team with mid-level health workers.
7. Take part in a discussion of the role-play.
8. Describe your experience in groups that did or did not function as a team.
9. Take part in a discussion summarizing what you have learned about leadership and building a team.

3.1 WHO IS A LEADER?

A leader is a person who plans, organizes, makes decisions, and influences people. He trains people, coordinates their work, and motivates them to act. A leader points the direction and others follow. They are outgoing, helpful, and sensitive to others. They take an interest in people. They establish relationships with all types of people. Leaders are able to assess people's abilities and help people develop new skills.

Leaders are self-confident. They know their job and do it well. Therefore, they are not threatened by opinions that differ from their own. In fact, leaders welcome different opinions. They find it stimulating and helpful in seeing all sides of a problem.

Leaders have a positive attitude toward people and toward their work. They can work through setbacks and disappointments. Leaders are always hopeful; they expect their efforts to lead to success. In summary, effective leaders are:

- Supportive
- Self-confident
- Positive

3.2 HOW LEADERS GET AUTHORITY

The power of a leader is his authority. Authority allows a leader to make decisions and have them carried out. Authority allows a leader to change the way people act. An effective leader has formal authority and earned authority.

Formal Authority

Formal authority is given to a supervisor by the position he holds in the organization. As a supervisor of mid-level health workers, you have formal authority based on your position within the

ministry of health. If mid-level health workers recognize this authority, you can use it to make supervisory decisions. If your formal authority is not recognized or understood, mid-level health workers will not depend on you to give advice, to evaluate their work, to discipline them, to settle grievances, or to carry out other supervisory activities. Without formal authority, you would have difficulty putting your decisions into action.

Earned Authority

Earned authority is based on your job performance. For example, your technical skills will give you a certain amount of authority, because mid-level health workers will look to you for assistance. They will also depend on you for continuing education and other kinds of support. This dependence on you for support is the basis of your earned authority. The better you do your job, the more earned authority you will have.

Formal authority is given to you, so you will have it immediately. Earned authority, on the other hand, is based on your performance and will develop over time. Your earned authority will increase as mid-level health workers see that you do a good job and come to trust and respect you. When you have an equal measure of formal and earned authority, you are well on your way to becoming an effective supervisor.

How Leaders Use Authority

The way you use your authority will depend on your leadership style. For example, a mid-level health worker in your district may spend all his time working in a health center. He may never do any community health work. You could use your authority to order him out into the community. Or you could use your authority to work with him in the community until he is confident enough to work alone. By using this second, participative style of leadership, you would use your position and influence to encourage and guide the mid-level health worker. Remember, your position is your given authority; your influence is your earned authority.

By using the participative leadership style, you use both types of authority. In addition, you earn more authority, or influence, by showing the mid-level health worker how he can be more effective in his work. His respect for you will grow, thereby increasing your influence with him.

Once you have authority, use it wisely. Authority is a great responsibility. Never abuse or misuse your authority. Always respect mid-level health workers. Use a participative style of leadership. Mid-level health workers will recognize your authority as long as you continue to be effective in helping them do their jobs. But authority can be lost just as surely as it can be earned. The surest way to lose authority is to abuse it. You can lose in one day trust which may have taken you months to build up.

3.3 HOW LEADERS BUILD TEAMS

A team leader is one who organizes and coordinates the work of a group of people who share a common goal. Your goal and the goal of the mid-level health workers on your team is to promote better health in a district.

A group of people does not automatically cooperate and work toward a common goal. In other words, a group does not automatically function as a team. Someone must make the group into a team. Leaders are responsible for building teams. As a supervisor, one of your first activities will be to build a team with the mid-level health workers assigned to your district. Follow these guidelines when building your team.

Participate

Use a participative style of leadership. Listen to mid-level health workers and show sympathy and understanding of their viewpoints. Involve mid-level health workers in discussions and decisions.

Know Your Workers

Establish a friendly working relationship with each mid-level health worker. Introduce yourself. Describe your background and experience. Explain the team concept and your leadership style. Encourage the mid-level health workers to give feedback and become involved.

Use Meetings

Bring all the mid-level health workers together to work as a group. Use these meetings to build your team and gain acceptance as the group's leader.

Set Goals

Set goals with the team. An example of your team's goal might be to promote better health in the district. Involve the team in defining goals. Make sure that all team members understand and agree with the goals that are finally selected. Once goals are selected, encourage cooperation and team spirit in achieving them.

Organize the Team

Organize the team to achieve its goals. Assign roles and responsibilities to team members. Make a firm commitment to assist mid-level health workers in carrying out their roles and responsibilities. Make sure that all team members understand each other's roles and responsibilities.

Explain the Rules

Explain that the team is governed by ministry of health rules and regulations. Involve the team in identifying rules they either do not understand or do not agree with. Lead a discussion of these rules. Explain the rationale for these rules.

Team building is not something you do once or twice. To transform a group into a team, team building must be continuous. Bring mid-level health workers together frequently, perhaps at regular monthly meetings, to work as a team. A supervisor who builds a good team is well on the way to being a successful supervisor.

EXERCISE 6

How You Act in Groups

Read each statement. Then mark the place on the scale that describes the way you normally act in groups. Only you will see this worksheet. Give answers that describe how you act now, not how you would like to act. Keep this worksheet. You will refer to it when discussing Unit 3 with your instructor.

- How would you rate your ability to listen to others in an understanding way?

0	1	2	3	4	5	6	7	8	9	10
VERY BAD				AVERAGE				VERY GOOD		
LISTENER				LISTENER				LISTENER		

- How would you rate your ability to change the ideas or actions of others in the group?

0	1	2	3	4	5	6	7	8	9	10
NO				AVERAGE				VERY		
INFLUENCE				INFLUENCE				INFLUENTIAL		

- How would you rate your desire to build on the ideas of others?

0	1	2	3	4	5	6	7	8	9	10
NEVER, OR				SOMETIMES				VERY OFTEN		
VERY SELDOM										

- How would you rate your willingness to trust others?

0	1	2	3	4	5	6	7	8	9	10
DISTRUST				AVERAGE				OPEN AND		
OTHERS								TRUSTING		

5. How would you rate your willingness to be influenced by others?

0	1	2	3	4	5	6	7	8	9	10
UNWILLING					AVERAGE					VERY WILLING

6. How would you rate your desire to run a group?

0	1	2	3	4	5	6	7	8	9	10
LOW. I LET OTHERS DO IT					AVERAGE					HIGH. I TAKE CONTROL

7. How would you rate your awareness of the feelings of others?

0	1	2	3	4	5	6	7	8	9	10
UNAWARE OR IGNORE THEM					AVERAGE					FULLY AWARE

8. How would you rate your reaction to conflict and disputes in the group?

0	1	2	3	4	5	6	7	8	9	10
AVOID IT OR IGNORE IT					AVERAGE					WELCOME IT. THINK ARGUMENT CAN BE HELPFUL

9. How would you rate your reaction to different opinions?

0	1	2	3	4	5	6	7	8	9	10
BECOME ANNOYED OR IGNORE THEM					AVERAGE					WELCOME THE CHALLENGE

EXERCISE 7

Broken Squares

The Broken Squares exercise is a game played by a team. It will give you practice working in a group. Form teams of five persons. Your instructor will give materials to your team and explain the rules of the game. Your team will have an observer to make sure players follow the rules.

STEP 1

Play the game as a member of your team. Follow the rules outlined by your instructor. This part of the exercise will last twenty minutes.

STEP 2

Take part in a discussion of this game and what it taught you about working in a group.

02085

PHC-100

COMMUNITY HEALTH CELL

326, V Main, I Block

Koramangala

Bangalore-560034

India

EXERCISE 8

Team Building

A supervisor is responsible for transforming a group of mid-level health workers into a team. In this exercise you will practice how to begin building a team with a group of mid-level health workers.

SITUATION

You have been appointed supervisor in a district with three mid-level health workers. On the first day you call a meeting of the mid-level health workers. The mid-level health workers are now sitting before you.

STEP 1

Take the role of the supervisor. Prepare a brief written outline of the points you want to cover in this first meeting with these mid-level health workers. Take fifteen minutes to write this outline. Remember, this is your first meeting with these mid-level health workers.

STEP 2

Role-play the meeting. As the supervisor, you will conduct the meeting. Use your outline as a guide. Take fifteen minutes for the role-play.

STEP 3

Take part in a discussion of this role-play. Be prepared to explain your outline and your performance during the role-play.

Unit 4

Communicating with Mid-Level Health Workers

STUDENT GUIDE

OBJECTIVES

1. Improve your understanding of communication and demonstrate the benefits of two-way communication over one-way communication.
2. Improve your ability to listen carefully and with understanding.

LEARNING ACTIVITIES

1. Read and take part in a discussion of Unit 4.
2. Follow verbal directions given by your instructor.
3. Take part in a discussion of the communication exercise.
4. Take part in an active listening exercise, including a follow-up discussion.
5. Describe communication problems which you have experienced.
6. Take part in a discussion summarizing what you have learned about communication.

4.1 WHAT IS COMMUNICATION?

Communication is sharing information, ideas, or opinions with others. The important word is sharing. Communication is more than just giving instructions to others. It means mutual understanding between the sender and the receiver of a message.

Every communication has three parts:

The message

The person who sends the message

The person who receives the message



Communication is a supervisor's most important tool. It is essential to every other supervisory skill. Good communication improves teamwork. Many supervisors think good communication means giving instructions and having people follow them. They receive instructions from their superiors and are expected to understand and follow them. These supervisors say, "Some people order and others must obey!" Where have you seen this attitude before? It is associated with what kind of leadership style?

4.2 ONE-WAY COMMUNICATION

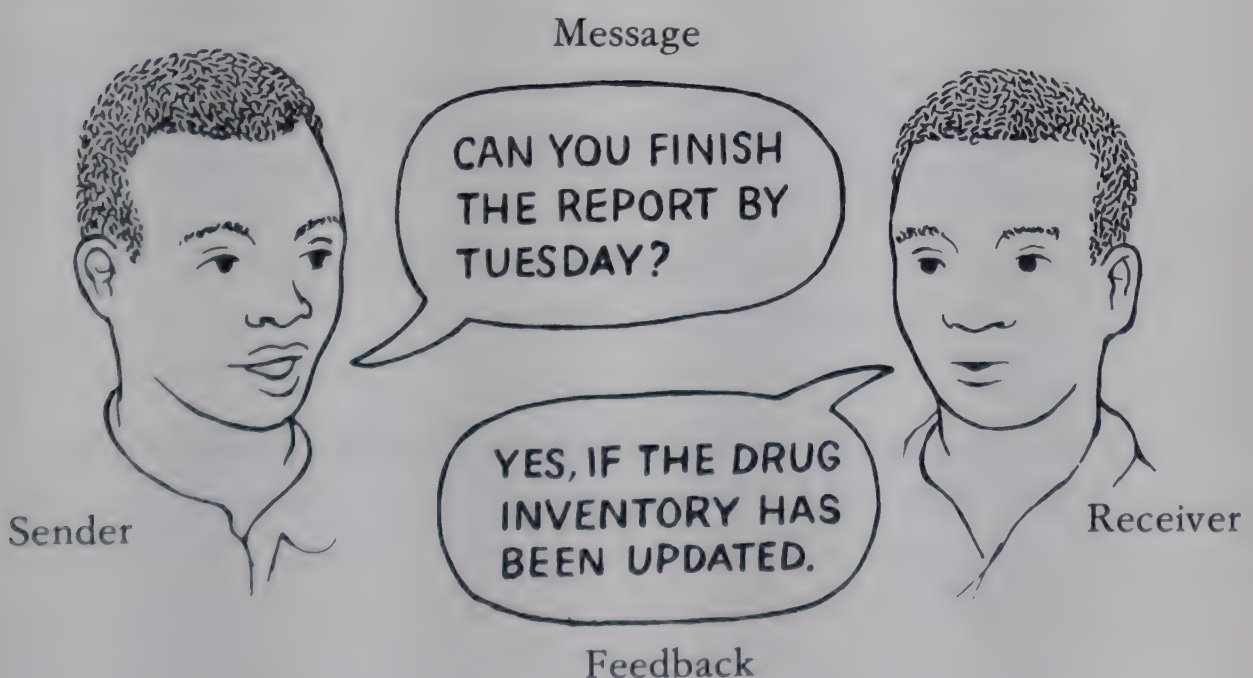
One-way communication goes only from the sender to the receiver. In one-way communication, a speaker believes that what he says is right.

He believes his way is the best way to do things. He wants others to do what he says. This type of supervisor does not see any need for conversation or exchange of ideas with mid-level health workers.

One-way communication causes two main problems. First, the sender is never sure that the receiver understands the message. Second, the receiver resents always being told what to do. Authoritarian supervisors use one-way communication much of the time. For example, an authoritarian supervisor wants a mid-level health worker to order drugs correctly. He thinks to himself: "These ordering instructions are so simple even a child can follow them. I do not need to spend time discussing them with the mid-level health worker." In one-way communication, the supervisor seldom asks questions to see if the mid-level health worker really understands the message.

4.3 TWO-WAY COMMUNICATION

Two-way communication goes back and forth between the sender and the receiver. In two-way communication, the receiver of a message actively participates in the communication. He listens to the message, he asks questions to be sure he understands, and he adds his own information, ideas, and opinions. This added information is feedback. Feedback distinguishes one-way communication from two-way communication. Look at the diagram below.



In two-way communication, the supervisor who is communicating respects the mid-level health worker's ideas. He wants feedback from the mid-level health worker. Two-way communication means that the sender and receiver work together to achieve understanding. It means an active role for the receiver, who has the responsibility to provide feedback to the sender. If the sender does not get good feedback, the two-way communication will not be effective.

The advantages of two-way communication are first, the sender can be sure that the receiver understood his message. Second, the receiver provides feedback. Expressing feedback makes the receiver feel his ideas and opinions are important. Participative supervisors use two-way communication most of the time. In fact, two-way communication is characteristic of a participative style, just as one-way communication is characteristic of an authoritarian style.

Two-way communication requires more time and effort, but it is much more effective. As a supervisor of mid-level health workers, you should use two-way communication. Use these guidelines to maintain two-way communication with mid-level health workers.

Communicate Clearly

Make your messages and conversations as clear and simple as possible. Communicate the important and essential information.

Ask for Feedback

Ask for ideas, comments, and suggestions from mid-level health workers. Insist on feedback in all communications.

Listen Actively

Listen actively to ideas, comments, and suggestions from mid-level health workers. Try to understand their point of view.

Understand Others' Moods

Be aware of the mid-level health worker's moods and attitudes that may be affecting communication.

Ask Questions

Ask mid-level health workers questions to make sure they understand your message and that you understand their message.

4.4 LISTENING IS THE KEY TO EFFECTIVE COMMUNICATION

Listening is as important as speaking in communication. Many supervisors spend too much time talking and not enough time listening. Or they listen without understanding because they make no effort to see the mid-level health worker's point of view. The ability to listen carefully with understanding is a skill. This kind of listening requires concentration. It is often called active listening. Active listening requires a supervisor's full attention.

Active listening by a supervisor often has the effect of encouraging better listening by mid-level health workers, which leads to more effective communication. Active listening is an essential part of leadership, a participative style, and team building.

Active listening, like any skill, improves with practice. The opportunity to practice is almost unlimited because you communicate with people every day. During the next conversation you have, try this approach:

- Talk less. This will automatically encourage the other person to talk more

- Listen for attitudes and feelings as well as for facts

- Delay stating your point of view until the other person has stated his

- Repeat your understanding of the other person's point of view before stating your own

Effective communication depends on two-way communication. Two-way communication depends on active listening. Therefore, active listening is called the secret of effective communication.

4.5 PROBLEMS IN COMMUNICATION

Communication is not easy. It takes practice. You will encounter problems that interfere with your attempts to communicate with mid-level health workers. A few of these communication problems are described below.

Inaccurate or Incomplete Messages

Sometimes a message is confusing because the information is wrong or mixed up. Sometimes a sender uses words that are not understood by the receiver. For example, a supervisor might tell a mid-level health worker to give a certain patient medication three times a day. If he forgets to say morning, noon, and night, his message will be incomplete.

Age or Social Barriers

Two-way communication may be difficult when the sender and receiver have a very different status. For example, a mid-level health worker might hesitate to discuss his diagnosis with a very senior medical officer, or an older, experienced mid-level health worker might have trouble taking instructions from a young, newly-trained supervisor.

Filtering

People have biases. They see things from different points of view. Sometimes these biases, or filters, interfere with communication. Supervisors must be aware of their own biases and always try to see the other person's point of view. You do not have to agree with the other point of view, but you must at least understand it. For example, a supervisor might cancel a regularly scheduled visit to a remote health center because no transportation is available. The health center's mid-level health worker, who already feels isolated and neglected, could interpret the cancellation as another example of lack of support. This supervisor must understand the mid-level health worker's point of view, even though canceling the visit was unavoidable.

Leaving Someone Out of a Communication

Sometimes a person is left out of a discussion or a meeting that affects his work. He misses an important message, and his work suffers. For example, a supervisor might neglect to invite a mid-level health worker to a district meeting at which a new drug is introduced. The mid-level health worker in this case would not learn about the availability of the drug which could benefit people in his area.

Lack of Acceptance

Sometimes a person simply refuses to communicate. He hears

only what he wants to hear. Perhaps he does not trust the sender, or he is in a bad mood. Perhaps he does not agree with the message. For example, a supervisor might tell a mid-level health worker, "From now on, immunize infants between four to six months of age." If the mid-level health worker walks away saying to himself, "That is not the way I was taught," he may continue with immunizations as before.

Inattention

Some people do not pay attention to messages. They do not read instructions carefully. They do not listen carefully.

Poor Memory

A person may communicate a message well, but the receiver may forget it.

Information Overload

When a person is given too much information, he may forget some of it. A supervisor who wants to communicate effectively must be careful to keep the message simple. Do not include unnecessary details that may confuse the person receiving the message. For example, a supervisor who writes a letter inviting mid-level health workers to a special meeting at the district hospital also includes a long description of the new leave policy in the same letter. Some mid-level health workers might overlook the invitation to the meeting because they focus their attention on the new leave policy. This letter contains too much information.

EXERCISE 9

One-Way and Two-Way Communication

A supervisor has the choice of using one-way or two-way communication. In this exercise you will experience both types of communication and compare their effectiveness.

STEP 1

Sit at a table and prepare to draw a series of squares on a piece of paper. Your instructor will give verbal instructions about how to arrange the squares on the paper. You may not ask the instructor questions. Do the best you can based on the verbal instructions you receive.

STEP 2

Draw another series of squares based on verbal instructions from your supervisor. This time, ask questions if you do not understand.

STEP 3

Take part in a discussion of this exercise and what it taught you about one-way and two-way communication.

EXERCISE 10

Active Listening

Active listening is listening carefully and with understanding. Active listening is a part of two-way communication and an important skill for supervisors. In this exercise you will practice active listening.

STEP 1

Your instructor will speak for a few minutes. Listen carefully. Try to remember as much of what he says as possible. Do not take notes. Rely on your listening skills and memory.

STEP 2

Repeat to the instructor the information he just related to you. Make your report as detailed and complete as possible.

STEP 3

Repeat Steps 1 and 2 several times in order to practice active listening.

Unit 5

Grievances and Disciplinary Problems

STUDENT GUIDE

OBJECTIVES

1. Improve your understanding of grievances and disciplinary problems.
2. Improve your ability to handle grievances and disciplinary problems.

LEARNING ACTIVITIES

1. Read and take part in a discussion of Unit 5.
2. Role-play a grievance and a disciplinary problem.
3. Take part in a discussion of the role-plays.
4. Describe your experience in handling grievances and disciplinary problems.
5. Take part in a discussion summarizing what you have learned about handling grievances and disciplinary problems.

5.1 GRIEVANCES AND DISCIPLINARY PROBLEMS

Grievances and disciplinary action are closely related. If a mid-level health worker is dissatisfied, he has a grievance. But if a supervisor is dissatisfied, he may take disciplinary action. In many instances, disciplinary action leads to grievances. Therefore, these two topics are dealt with together in this unit.

A feeling of having received unfair treatment is a major cause of grievances and disciplinary problems. Whether a mid-level health worker has actually been treated unfairly or not is unimportant. If the mid-level health worker feels he is being treated unfairly, eventually he will have a grievance or cause a disciplinary problem.

Lack of recognition leads to grievances and disciplinary problems. Mid-level health workers perform a difficult and demanding job. They want to know that their work is appreciated. They want recognition for the job they are doing. If they do not get this recognition, they may have grievances or cause disciplinary problems.

Lack of involvement leads to grievances and disciplinary problems. Mid-level health workers want to know what is going on. They want to be prepared for changes, and they want to know why the changes are necessary. They want to be asked for their suggestions and ideas. If mid-level health workers do not feel involved, they may have grievances or cause disciplinary problems.

A lack of training leads to grievance and disciplinary problems, especially a lack of continuing education to maintain and improve skills. Mid-level health workers who know their jobs well are confident and usually satisfied with their work. For this reason they have fewer complaints. If mid-level health workers do not receive adequate training and continuing education, they will not be competent to do their jobs. They will make many mistakes. The results will be disciplinary problems for their supervisor.

Unresolved conflicts cause grievances and disciplinary problems. For example, a mid-level health worker may be in conflict with members of the health center staff or members of the community. If these conflicts are allowed to persist for a long time without being resolved, they will

affect the mid-level health worker's morale and may lead to a grievance. This grievance may involve the persons with whom the mid-level health worker is in conflict, but in many cases such grievances involve a different person or an unrelated issue.

Personal problems or deficiencies lead to grievances and disciplinary problems. For example, some mid-level health workers may lack motivation or they may be undependable. Others have no sense of responsibility toward patients or health team members. Some mid-level health workers may have family problems that interfere with their work. Such mid-level health workers may cause disciplinary problems.

Last, and perhaps most importantly, inadequate and inappropriate supervision is a common cause of grievances and disciplinary problems. Supervisors sometimes make mistakes. They give incorrect instructions or apply a policy incorrectly. They may fail to visit health centers regularly, leaving mid-level health workers feeling isolated and abandoned. Supervisors may not provide equal guidance and support in all areas of a mid-level health worker's activities. They may fail to provide support in areas where it is really needed. One of the principal sources of grievances and disciplinary problems is the mid-level health worker who says to himself, "I am not getting the support I need to do my job."

5.2 HOW TO PREVENT GRIEVANCES AND DISCIPLINARY PROBLEMS

Some grievances and disciplinary problems are unavoidable, but many can be prevented. Here are a few simple preventive measures to help you minimize grievances and disciplinary problems.

Get to Know Mid-Level Health Workers

First, get to know mid-level health workers on a personal basis. Show them that you are interested in them as individuals as well as in their work. Get to know the needs and concerns of each mid-level health worker so that you can anticipate problems that may cause grievances. Also, pay close attention to areas that have caused grievances or disciplinary problems in the past.

Know the Personnel Policies and Apply Them Consistently and Fairly

The second preventive measure is to know the ministry of health personnel policies and apply them consistently and fairly. You need to know the rationale for these policies as well as the policies themselves. Even if mid-level health workers disagree with the policies, they will have fewer grievances if you explain the policies clearly and apply them consistently.

Use a Participative Style that Encourages Involvement

Use a participative style that encourages mid-level health worker involvement. Praise mid-level health workers whenever they deserve it, and recognize the job they are doing. Mid-level health workers who feel involved and who receive recognition usually have very few grievances and seldom cause disciplinary problems.

Provide Continuing Education

A well organized program of continuing education is one of the best preventive measures for reducing the number of grievances and disciplinary problems among mid-level health workers. By strengthening a mid-level health worker's performance, training helps to reduce frustrations and conflicts that might otherwise cause grievances or disciplinary problems.

Resolve Conflicts

Resolve conflicts before they lead to grievances or disciplinary problems. A certain amount of conflict within a group is natural and can even be beneficial. However, a supervisor should resolve conflicts before they lower morale and lead to grievances or disciplinary problems.

Support and Guide Mid-Level Health Workers

Support and guide mid-level health workers. Visit them regularly. Demonstrate by your attitude and your behavior that you are interested in their work. If you make a mistake, admit it. Mid-level health workers respect a supervisor who admits his mistakes and then corrects them. Be especially supportive in public. Never undermine a mid-level health worker's position. Avoid criticizing him in front of health center staff or members of the community.

By following these simple preventive measures, you can prevent many grievances and disciplinary problems and give yourself time for other constructive supervisory activities.

5.3 HOW TO HANDLE GRIEVANCES

The best way to handle grievances is to prevent them. However, even with the best preventive measures, you will still be faced with grievances. You need to know how to handle them.

No fixed rules for handling grievances exist because the people involved and the problems vary greatly. However, here are some general guidelines for handling grievances.

Hear the Complaint

Hear the complaint in private from the mid-level health worker who has the grievance. Let him speak. Do not interrupt. Ask questions until you understand the specifics of the grievance. Attitudes and feelings are often more important than facts. Get the mid-level health worker's point of view. If the grievance involves other persons, get their point of view before making any decision. Do not become argumentative. Ask questions and listen carefully.

Is there another reason, a hidden cause, for the grievance? If so, try to uncover it.

Repeat the mid-level health worker's statements in your own words. Get his agreement to your statement of his grievance. For example say, "As I understand it, you are upset because..."

Settle the Grievance

Settle the grievance. Act promptly, but do not be hasty. Check the facts and check ministry of health policies. If necessary, consult with your superiors regarding normal practices and past decisions.

The key to settling grievances is compromise. Of course, you cannot ignore ministry of health policies, but you usually will have room for compromise in any situation. If you cannot settle the grievance informally, promise the mid-level health worker you will discuss it with your superiors. Give the mid-level health worker a date when he can expect a decision. Delay settling a grievance if either you or the mid-level health worker is upset or angry.

If, after making your best effort, you are unable to settle a grievance, then explain the formal grievance procedure to the mid-level health worker and give him a personnel grievance form to fill out. Regardless of whether you settle the grievance or not, document in writing all but the most minor grievances. Put this information in the mid-level health worker's personnel file.

5.4 USING FORMAL GRIEVANCE PROCEDURES

Use a formal grievance procedure for cases in which a mid-level health worker and you cannot reach agreement on a grievance. Follow these three steps in the formal grievance procedure.

Step 1

The mid-level health worker fills out a personnel grievance form and submits it to you.

Step 2

You write your decision on the form and pass it to your superiors, usually the ministry of health personnel department.

Step 3

The personnel department reviews the grievance and your comments. The department makes the final decision on the grievance. Supervisors should make every effort to settle grievances informally. Use the formal grievance procedure only after repeated attempts to settle the grievance informally have ended in failure.

5.5 HOW TO HANDLE DISCIPLINARY PROBLEMS

Use proper discipline to correct poor work or behavior. Disciplining people is often one of the most difficult and unpleasant parts of a supervisor's job. He must either punish a worker or help him improve.

Punishment is usually the least effective discipline. Punishment causes hard feelings, creates a negative attitude, and offers no way for the mid-level health worker to correct the mistake he has made.

A supervisor should use positive discipline, not punishment. The aim of positive discipline is to correct a person's bad behavior, not simply to punish him. You will find that helping a person improve is easier than trying to have him transferred or dismissed. Positive discipline corrects a mid-level health worker's behavior and makes him a responsible worker again.

You can prevent many disciplinary problems. However, at times a supervisor has to discipline mid-level health workers. When this happens, remember to use positive discipline. Always give the team member a chance to improve. Follow these guidelines when disciplining mid-level health workers:

- Get all the facts about the disciplinary problem before taking action

- Act early; do not let small disciplinary problems grow

- Be fair and consistent in your handling of mid-level health workers' problems

- Do not discipline a mid-level health worker who is angry or excited; wait until he is quiet and calm

- Give the mid-level health worker an opportunity to explain how he sees the problem before attempting to change his behavior through positive discipline

- When criticizing a mid-level health worker, compare his performance to ministry of health standards, not with another person

- Use disciplinary action to help the mid-level health worker improve and correct his behavior

- Follow up your disciplinary action to ensure that the mid-level health worker has changed his behavior and to show your interest in him

- Pay special attention to the mid-level health worker's behavior and performance during the period immediately after a disciplinary action

- Always discuss disciplinary problems in private

- When disciplinary problems go beyond early verbal warnings, document all actions in writing in the mid-level health worker's personnel file

Supervisors should make every effort to handle disciplinary problems informally and with verbal warnings. However, if the problem continues, use written warnings followed by suspension. If the mid-level health worker still does not change his behavior, recommend a transfer or dismissal.

5.6 SUPERVISORS, GRIEVANCES, AND DISCIPLINARY PROBLEMS

Most supervisors find handling grievances and disciplinary problems unpleasant because criticizing and disciplining other people makes them uncomfortable. They sometimes make the mistake of trying to escape this responsibility by simply passing grievances and disciplinary problems along to a higher authority for a decision. This approach is wrong for two reasons.

First, it places a heavy administrative burden on the higher levels of the ministry of health. Second, it removes the supervisor from the grievance and discipline process and thereby reduces his authority in the eyes of mid-level health workers. As a supervisor, you should take responsibility for handling grievances and disciplinary problems. By settling grievances, you enhance your leadership position.

Another mistake made by some supervisors is to ignore grievances and disciplinary problems and hope they will go away. When ignored, small grievances and disciplinary problems tend to grow into big problems. Therefore a good supervisor always tries to settle grievances on an informal basis before they become formal grievances. Likewise, he tries to handle disciplinary problems before they seriously interfere with a mid-level health worker's job performance. One mark of a good supervisor is that he settles grievances and disciplinary problems without having to involve the ministry of health and without recourse to formal grievance procedures.

A supervisor must be careful to distinguish symptoms from causes when dealing with grievances and disciplinary problems. For example, every supervisor is faced with disciplinary problems, such as absentee-

ism, disregard of ministry of health policies, poor conduct, and many others. But these are usually symptoms of larger problems. As a supervisor, you must look for the underlying causes so that you can take appropriate action. Supervisors who deal only with symptoms are never able to handle grievances or disciplinary problems very effectively.

Mid-level health workers expect supervisors to support them, but the ministry of health expects supervisors to enforce its rules and regulations. Therefore, supervisors frequently find themselves in the awkward position of trying to support and discipline mid-level health workers at the same time. What can a supervisor do when faced with these two contradictory roles? Most successful supervisors take a middle ground. They try to balance the mid-level health worker's point of view against the ministry of health's point of view. Taking disciplinary action when it is needed is a form of support, but mid-level health workers rarely see it that way. Be aware of your dual role as supporter and disciplinarian.

EXERCISE 11

Handling Grievances and Disciplinary Problems

A supervisor is responsible for handling grievances and disciplinary problems. In this exercise, you will practice how to handle them.

STEP 1

Think of a serious grievance you have handled in the past year. If you do not yet supervise mid-level health workers, think of a grievance you handled in a previous job. Try to recall all the important details of the grievance. Now do the same thing for a serious disciplinary problem. Take ten minutes for this part of the exercise.

STEP 2

Select a partner for role-playing. Play the role of the mid-level health worker with the grievance. Explain the grievance to your partner, who will play the role of your supervisor. Take ten minutes for the role-play.

STEP 3

Now switch roles and repeat the role-play. You are now in the supervisor's role and must handle your partner's grievance.

STEP 4

Take part in a discussion of the role-plays. Be prepared to explain how you handled the grievance.

STEP 5

Take part in two more role-plays. This time they involve disciplinary problems. First, play the role of a supervisor explaining a disciplinary problem to a ministry of health personnel officer. Then switch roles. You take the part of the personnel officer listening to a supervisor describe a disciplinary problem.

STEP 6

Take part in a discussion of these last two role-plays. Be prepared to explain how you played each role.

Unit 6

Making Supervisory Decisions

STUDENT GUIDE

OBJECTIVES

1. Improve your understanding of how decisions are made.
2. Improve your ability to make decisions.

LEARNING ACTIVITIES

1. Read and take part in a discussion of Unit 6.
2. Write an outline of the decision-making process you would use to solve a tetanus of the newborn problem.
3. Take part in a discussion of the outline you prepare.
4. Make and carry out a decision.
5. Take part in a discussion of the process you used to make a decision.
6. Take part in a discussion summarizing what you have learned about decision-making.

6.1 WHAT MAKES A DECISION?

Making decisions involves selecting one alternative over other, competing alternatives. Supervisors make decisions every day. They are able to base their decisions for many ordinary problems on ministry of health policies and procedures. These types of decisions are relatively easy. But policies and procedures, no matter how complete, can never anticipate all types of problems. Therefore, supervisors are always faced with problems which require original decisions. In such situations, a supervisor needs to follow a sound decision-making process that maximizes his chances of making a good decision.

6.2 HOW YOU MAKE DECISIONS

You make decisions every day. For example, every morning you decide what clothes you are going to wear. To make this decision, you consider the weather outside and the activities you have planned for the day. Selecting what clothes to wear is an easy decision. You have done it every morning for many years. The consequences of the decision are not great. This example illustrates two general principles of decision-making:

Decisions become easier with practice and experience

Decisions become more difficult as the consequences of the decision increase

In situations such as selecting clothes to wear, decisions become almost automatic and require very little conscious effort. Likewise, an experienced supervisor makes routine decisions without consciously following a decision-making process. But for more complex problems or for problems with potentially serious consequences, even an experienced supervisor will use a formal decision-making process. Supervisors are in a position of responsibility. Their decisions affect many people. Therefore, they need to be systematic in the way they make decisions. They need to follow a formal decision-making process.

6.3 STEPS IN MAKING DECISIONS

Making decisions involves four steps:

- Identifying the problem

- Identifying possible solutions

- Selecting a solution

- Carrying out and following up the decision

These four steps, no matter how abbreviated, are followed in almost all decision-making situations. Naturally, the more complex the problem, the more time and effort you will need to spend on each step. Good decisions require judgment that comes only with experience. By following these steps, you can begin now to make yourself a better decision-maker.

Identify the Problem Needing a Decision

The first step in making a decision is to clearly identify the situation that is causing the problem. Normally, you will begin by gathering information. You should discuss the problem with those involved and, if possible, observe the problem or the consequences of the problem. You will also want to review any reports or records that relate to the problem. All this information will help you to identify the problem more clearly.

Some problems that come to a supervisor for a decision are only symptoms of a larger, more fundamental problem. For example, a mid-level health worker who requests to be transferred might give as his reason that the local community is uncooperative, even though the real cause of his discontent is a feeling of loneliness and isolation. He may want to be transferred to a health center nearer the district capital, where he will have more frequent contact with his supervisor and other district-level health workers. Unless the supervisor identifies the real reason for the transfer request, he may spend months trying to motivate the community when he should be giving extra attention to the mid-level health worker. When identifying a problem, a supervisor must always look beyond symptoms and try to discover its underlying cause.

When gathering information, you should try to collect all the facts that relate to the problem. However, a supervisor rarely has all the facts before he makes a decision. Some facts may be unavailable. You do not really need all the facts to make a decision. You need only the important facts. You need enough information so that you feel reasonably certain that you are making a good decision. You may ask, "How can I be sure when I have enough information?" You cannot be sure. Making decisions always involves some uncertainty. The general rule is to go on gathering information until you feel comfortable that you can make a good decision. Accept that you will never have all the facts in most decision-making situations. You are capable of identifying problems and making good decisions. But you must be willing to accept a certain amount of risk. There is no certainty in making decisions.

In addition to facts, which are objective, you should gather subjective information, such as opinions. Subjective information is valuable and may help you identify the problem, but give priority to objective information. Facts, not your opinions or the opinions of others, should be your basis for identifying a problem. People generally enjoy giving their opinions. Unless a supervisor is careful, he will end up gathering many opinions and few facts. One simple way to avoid this is to not ask "why" questions. "Why" questions lead to opinions of the cause of a problem. First you want to know the facts. Focus on the "who," "what," "where," "when," and "how" questions. You can ask the "why" questions later, after you have the facts.

Identify All Possible Solutions

The second step in making decisions is to draw up a list of solutions to the problem. If you cannot carry out a solution because of a lack of money, expertise, time, or any other reason, eliminate it from your list.

In theory, the number of solutions to most problems has no limit. However, if you can identify three or four good solutions to a problem, you have probably done well. Many supervisors accept the first solution that comes to mind, or they favor one solution from the start and develop it more fully so that it appears far better than the other alternatives. Avoid both of these mistakes. Identify as many solutions as possible, and develop each as fully as possible before making any decisions.

Identifying all the possible solutions is not easy. First you must review all the information you have gathered. This review may lead you to discover solutions, either by analyzing the information or by considering solutions offered by others. Be creative in thinking of possible solutions. Go beyond the obvious solutions. Possibilities often come as a surprise. For example, look at the puzzle below. Connect all the dots using four straight lines, but do not lift your pencil off the page once you start.



Are you having trouble? You probably tried all the obvious alternatives first. Why not? That was a good way to begin. But perhaps your solutions did not work. Maybe you are becoming frustrated. Maybe you want to ask the instructor for help. Seek assistance when necessary, but as a supervisor, learn to develop alternatives without help. Go beyond the limits of your everyday thinking. Be creative. Try to see new points of view. Use your imagination. Try connecting the dots again. Share ideas with another person.

Select One Solution

Once you have identified a problem and listed the possible solutions, you are ready to make your decision. You naturally want to select the best possible solution, but even experienced supervisors often cannot agree on which solution is best. For example, one supervisor may decide that the best solution is the one that uses the fewest resources. Another supervisor faced with the same problem may decide that the best solution is the one that uses

more resources but solves the problem in less time. The first supervisor's primary concern is to protect his resources. The second supervisor's primary concern is to save time. He is willing to use more resources to solve the problem quickly. So you see, a supervisor's concerns determine his best solution.

Use your judgment to select a solution. Think about what would happen if you carried it out. Would it solve your problem? What resources would you need? Who would be affected? How? How much time and effort would you require?

Knowledge and experience improve your judgment and decisions. Experienced supervisors are usually able to select effective solutions. With practice and experience, you will improve your ability to select the best solutions to problems.

Not all problems have solutions. You may, for example, find that all the possible solutions to a problem are unacceptable. In such a case, you may decide to do nothing. To do nothing is also an alternative, and you should consider its consequences just as you considered the consequences of the other alternatives. If doing nothing is the best alternative, then select it.

Carry Out and Follow-up the Decision

The last step in making decisions is carrying out and following up the decision. First you announce your decision, and then make plans to carry it out. Assign responsibility and work out a timetable. Everyone affected by the decision should be informed. If the decision has the effect of establishing a policy, it should be written down and circulated. Be prepared to explain to mid-level health workers or to ministry of health officials the reason for every decision you make, including how you reached your decision.

Following up on your decision is important for two reasons. First, you want to know if the problem has been solved by the decision you made. Second, you want feedback on how well your decision worked out. This feedback will help you improve your decision-making skills and make you a better decision-maker in the future.

Almost all decisions of any consequence will generate some resistance. Listen to suggestions from those affected by your decision. If the decision was wrong, do not be afraid to admit your mistake. Reverse the decision and try something else. As long as you feel that the decision was the best possible under the circumstances and that there is still no better alternative, stick with it.

6.4 INVOLVING MID-LEVEL HEALTH WORKERS IN MAKING DECISIONS

The way you make decisions will depend on your leadership style. An authoritarian supervisor makes most of his decisions without help. A participative supervisor, on the other hand, involves mid-level health workers in decisions that affect them. As you learned in Unit 2, a participative style is usually more effective for supervising mid-level health workers.

A supervisor can easily involve mid-level health workers in identifying problems and alternative solutions. Many times, mid-level health workers point out problems in the first place. In gathering information, the supervisor naturally depends on mid-level health workers for essential facts and observations. Based on their unique role in the health care system, mid-level health workers frequently offer alternative solutions that the supervisor may overlook.

A supervisor also depends on mid-level health workers to carry out his decisions. Most supervisors have learned that the best way to ensure full cooperation and support from mid-level health workers is to involve them in the decision-making process.

For many supervisors, the real issue regarding mid-level health worker involvement in making decisions revolves around this central question: What role can and should mid-level health workers play in actually making decisions? This question is really part of an ongoing debate about the advantages of individual and group decision-making.

Some supervisors believe that a group may advise, suggest, and recommend decisions, but the supervisor must make the final decision alone. These supervisors argue that groups take too much time making decisions, that group decisions are not necessarily better decisions, and that groups are not accountable for their decisions in the same way as an individual.

Other supervisors believe that a group must make decisions because the group must carry out the decision. The supervisor may give directions and establish guides, but the group must make the final decision. These supervisors argue that groups make better decisions because

they have a wide range of expertise. Also, group decision-making motivates workers, brings out their full potential, and ensures maximum productivity.

As a participative supervisor, you will probably want to try letting mid-level health workers make decisions in areas that affect them directly. You should set the guidelines within which the group must make its decision. For example, if ministry of health policies apply in a certain situation, you must explain those policies to the group before it makes a decision. Begin with small problems, and gradually work up to complex problems. Always follow up the group's decisions and hold its members accountable for their decisions.

Do not expect a group of mid-level health workers to make decisions on all problems. Mid-level health workers are posted at widely scattered health centers and meet as a group only once a month or even less frequently. As a supervisor, you will make many decisions. Remember to involve the mid-level health workers in the decision-making process as much as possible, especially in decisions that affect them directly.

EXERCISE 12

Tetanus of the Newborn Decision

A supervisor makes important decisions and therefore needs to know how to use a decision-making process. In this exercise, you will outline the decision-making process you would use in deciding what to do about handling tetanus of the newborn in your district.

SITUATION

Tetanus of the newborn has caused the death of three newborns at the district hospital in the past month. Health officials have expressed surprise and concern.

Tetanus of the newborn has never before been identified as a problem in the district. For this reason, the district hospital does not have the expertise to handle the disease, and the district training office has not taught mid-level health workers to diagnose or prevent it. The three newborns who died at the district hospital were referred by a mid-level health worker who was recently trained.

The district health officer is upset for two reasons. First, he is upset because he now suspects that many other newborns are dying because of tetanus of the newborn that health workers have not diagnosed. Second, the district hospital is not able to save newborns with tetanus infections. He feels that he must act quickly.

STEP 1

Assume the role of the district health officer and outline the decision-making process you would use to determine the best solution to this problem. Write your outline on the worksheet provided. Take forty-five minutes for this part of the exercise.

STEP 2

Meet with your instructor and review the outline. Be prepared to explain the decision-making process you have outlined.

WORKSHEET FOR EXERCISE 12

Tetanus of the Newborn Decision

1. Identify the problem. What information would you need? Where would you get this information?
2. Identify all possible solutions. Based on the information given to you in the text, list as many solutions as you can think of.
3. Select one solution. Briefly explain why you selected it.
4. Outline a plan for carrying out and following up your decision. Who will be involved? What is the timetable?

EXERCISE 13

Making a Decision

Supervisors make decisions every day. In this exercise, you will use a decision-making process to make a real supervisory decision. Note that the steps in this exercise will take place over a period of days or weeks.

STEP 1

Your instructor will describe a real supervisory problem. Ask questions, and find out as much as you can about the problem. Decide with your instructor how much time you will need to identify the problem. List alternative solutions, and select the best solution. Set a date when you will report back to the instructor on your progress.

STEP 2

Meet with your instructor and explain the reasons for your decision. Present a plan, including a timetable for carrying out and following up your decision.

STEP 3

Carry out and follow-up your decision according to the plan.

STEP 4

Meet with your instructor to explain how you carried out and followed-up your decision. Review the decision-making process you have used in this exercise.

Unit 7

Planning and Evaluation for Supervisors

STUDENT GUIDE

OBJECTIVES

1. Improve your understanding of the planning and evaluation process
2. Improve your ability to plan and evaluate supervisory work.

LEARNING ACTIVITIES

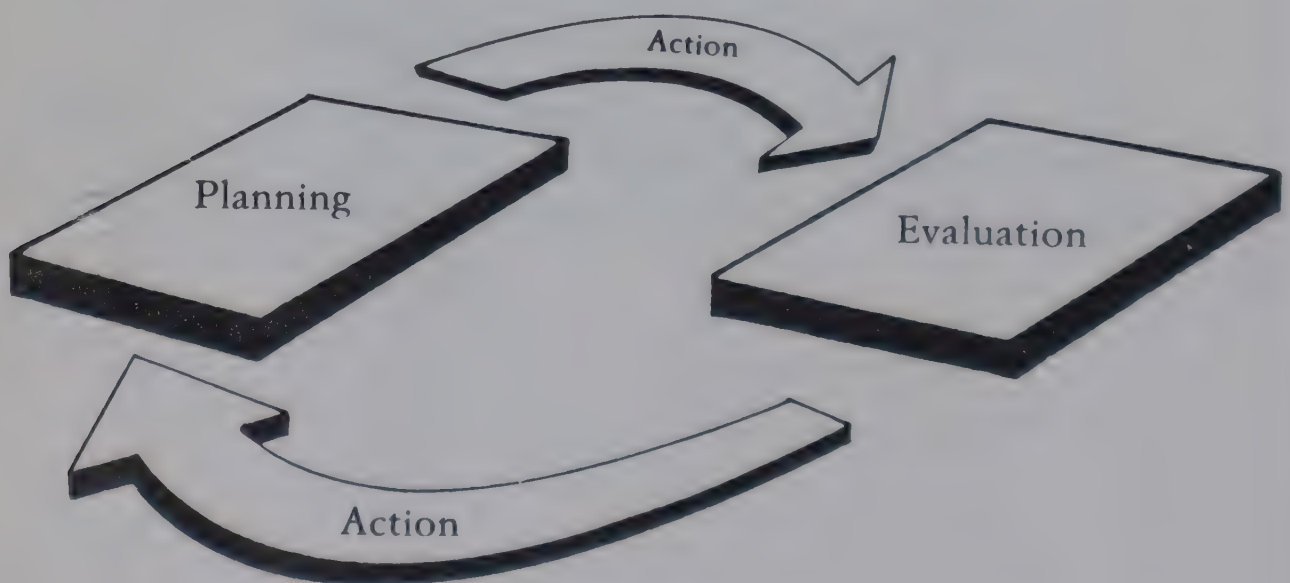
1. Read and take part in a discussion of Unit 7.
2. Take part in a three-month planning and evaluation exercise. You will be expected to define needs, set objectives, write work plans and a work schedule, and then carry out and evaluate your plans.
3. Take part in a series of meetings with your instructor to discuss your progress in the planning and evaluation exercise.
4. Take part in a discussion summarizing what you have learned about planning and evaluation.

7.1 WHAT IS PLANNING AND EVALUATION?

Planning is deciding where you want to go and what you want to do. Evaluation is determining where you are and what you already are doing or ought to be doing. Planning is thinking before acting. Planning is determining:

- What action is needed
- Why it needs to be done
- Who should do it
- Where it should be done
- How it should be done
- When it should be done

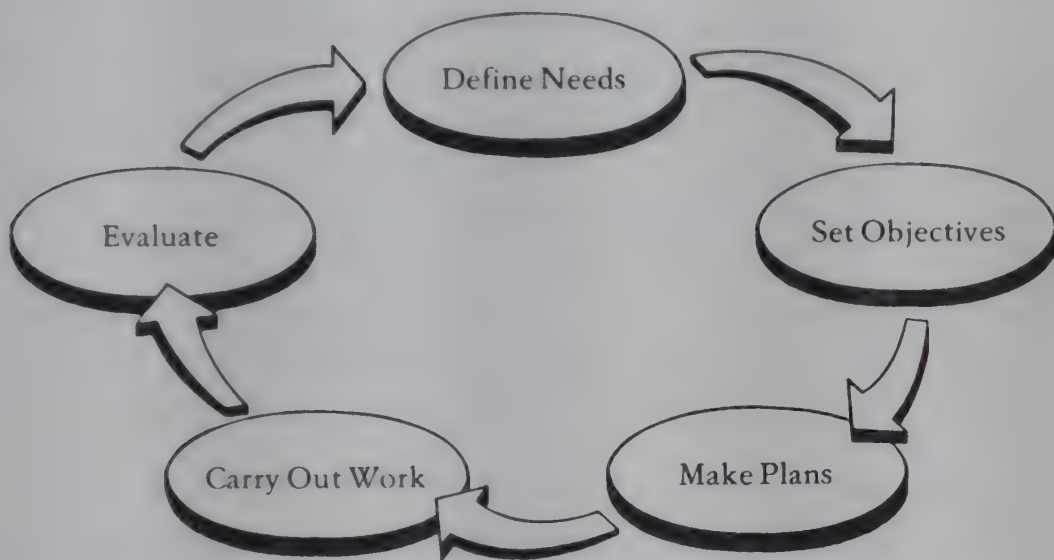
Evaluation is judging how well a planned action was carried out. Planning and evaluation actually are two parts of the same process, the planning and evaluation process. This diagram illustrates the planning and evaluation process:



Planning and evaluation complement each other. Evaluation is examining and analyzing how a plan is being carried out to make sure you are going where you want to go. Planning and evaluation are part of the same process. You cannot do one without doing the other.

7.2 STAGES IN PLANNING AND EVALUATION

The diagram below shows the five stages in the planning and evaluation process.



THE PLANNING AND EVALUATION PROCESS

Define Needs

Define supervisory needs by analyzing what mid-level health workers need from you and what ministry of health officials need from you. Ask yourself these questions:

What is needed?

Who needs it?

Why is it needed?

Is it a real need?

Am I the best person to satisfy this need?

The more precisely you define needs, the clearer your objectives will become. For example, you may define the primary needs of a newly trained mid-level health worker as being extra support and guidance, until he is settled and accustomed to his work. Then he will have other needs.

Set Objectives

Set objectives that meet the needs you have identified. An objective is a goal or destination. State objectives in specific, quantifiable terms. For example, the objective, “To visit the mid-level health worker at Satitua once a week for the next three months,” is specific. But the objective, “To visit the mid-level health worker in Satitua as often as possible until he gets settled,” is vague. Specific objectives help you make good plans.

Make Plans

Make plans to reach the objectives you have set. A plan is a map that shows you how to reach objectives. If the objective is simple, then the plan will be simple. For example, to plan visits to the mid-level health worker in Satitua once a week, you would have to block off time on your work schedule, arrange transportation, and perhaps make a list of support activities you wish to carry out on your visits. This is a very simple plan. More complex objectives will, of course, require more complex plans because you will have more people and resources to coordinate. The more simple and straightforward your plans, the easier they will be to carry out.

Carry Out Work

Carry out the activities described in your plan. Carrying out a plan ordinarily requires more time and effort than all the other four stages of the planning and evaluation process combined.

Evaluate

Evaluate plans to see if your objectives are being achieved or have already been achieved. For example, at the end of three months you would evaluate whether you visited the mid-level health worker in Satitua once a week as planned. You would then evaluate whether the mid-level health worker is now settled and accustomed to his work. This might lead you to redefine the needs of this mid-level health worker, which means you would have completed the planning and evaluation cycle.

The planning and evaluation process is a cycle. After completing the cycle the first time, you redefine needs and begin the second cycle.

7.3 PLANNING AND PLANS

Planning is a process for deciding where you want to go. A plan shows you how to get there. Planning is often confused with plans. Planning is part of a process of defining needs, setting objectives, making plans, carrying out the plans, and evaluating them. This process is used by all supervisors. Even if you pause for only a moment to make a list of the things to do, you are planning.

Plans, on the other hand, are just one output of the planning process. Plans are simply statements of how you intend to meet objectives. To make plans, you must first make assumptions about the future. Even your personal plans are based on your assumptions about the future. But since no one can predict the future with complete accuracy, plans almost never work out exactly as intended. Even good plans must be updated from time to time as conditions change.

Some supervisors say, "My plans never work out. Planning is a waste of time." Supervisors who think planning is a waste of time are confusing the process of planning with the plans. Planning is absolutely essential for supervisors. Planning is the way you organize, support, and coordinate the work of mid-level health workers. Good supervisors understand that the goal of planning is to provide the highest quality primary health care services possible.

They do not fall into the trap of believing that the goal of planning is to make plans. True, one of the outputs of the planning process is a written plan. This plan may be a valuable road map for the supervisor, or it may be worthless. But the process of making the plan is always valuable to a supervisor because it makes him think systematically about ways to improve his work and the work of the mid-level health workers he supervises. Do not confuse the planning process, which is always valuable to you, with plans, which may or may not be valuable. And remember, even the most worthless plan can be improved and made valuable by putting it through the planning and evaluation process a second or third time.

7.4 PLANNING AND EVALUATING THE WORK OF MID-LEVEL HEALTH WORKERS

Mid-level health workers are taught to plan and evaluate their own work and the work of the health center team. Carefully review the mid-level health worker training curriculum and reference manuals so that you know what planning and evaluation skills they were taught. Also, become familiar with the planning tools that mid-level health workers use, including the health center's weekly work schedule, the mid-level health worker's monthly work schedule, and the "Things To Do" list.

A planning and evaluation process is designed to respond to needs. Generally, mid-level health workers must respond to three categories of needs:

- The needs of their community and their health team
- Their own personal needs
- The needs of the ministry of health

Mid-level health workers have been taught to identify the needs of their community, their health team, and themselves. They have also been taught how to plan, carry out, and evaluate activities to meet these needs. Mid-level health workers know their community better than you do. They know the capabilities of their health team members better than you do. They know their own personal needs better than you do. Therefore, in this area of planning and evaluation, you should let mid-level health workers take the lead. Play the role of an advisor, especially an advisor on how to use planning and evaluation skills. But mid-level health workers should make the final decisions for the community needs, health team needs, and their personal needs.

Mid-level health workers must also respond to a second category of needs, the needs of the ministry of health as represented by you, their supervisor. For example, the ministry of health needs statistical data on the work being done at health centers. The ministry of health needs to know that its policies are being carried out and that its procedures are being followed. Above all, the ministry of health needs assurance that the population is receiving primary health care services.

Mid-level health workers must plan to meet these ministry of health needs, just as they plan to meet community and health team needs. The difference, however, is that the supervisor knows the ministry of health's needs better than the mid-level health workers do. In fact, mid-level health workers depend on their supervisor to interpret ministry of health needs for them. Therefore, in this area of planning, you will play a much more active role; you will be a leader as well as an advisor. Decisions will be joint decisions between you and mid-level health workers, but with you often taking the lead.

In planning and evaluating work with mid-level health workers, you have two roles to play. In the first category of needs, you are an advisor with the mid-level health worker taking the lead. In the second category, you are an active participant and leader.

In your role as an advisor, your primary responsibility is to support mid-level health workers in planning and evaluating their own work. You will help them use their planning tools more effectively. If tasks and schedules are not well defined, supervision will be difficult. Therefore, help mid-level health workers to define them. Planning and evaluation are complex skills, so mid-level health workers may need more support in this area than in other management areas. Planning and evaluation should be an important part of your continuing education program for mid-level health workers.

After reviewing the skills mid-level health workers were taught in their course, you may want to introduce them to some of the concepts in this unit. Encourage mid-level health workers to spend perhaps an hour each week planning and evaluating their work and the work of their health team. In your advisory role, your long-range goal should be to upgrade mid-level health workers' planning skills so they can effectively plan and evaluate their own work with little assistance from you.

In your role as a leader, your first responsibility is to organize and coordinate the work of mid-level health workers so that the goals and objectives of the ministry of health are met. Therefore, your first task is to thoroughly understand the goals and objectives of the ministry of health. Mid-level health workers depend on you to keep them up to date on these goals and objectives. You are the crucial link between your superiors who make policies and mid-level health workers who carry out those policies. The planning and evaluation process is the way to implement ministry of health policies, so you must take the lead in

starting and then maintaining a planning and evaluation process which involves mid-level health workers.

Before beginning to plan and evaluate work with mid-level health workers, review the material about leadership and team building in Unit 3. The planning and evaluation process will function better if you use a team approach.

7.5 PLANNING AND EVALUATING YOUR OWN WORK

Planning and evaluation are the foundations of effective supervision. You plan and evaluate your work to make the most efficient use of your resources, especially your own time. More importantly, you plan and evaluate your work to make certain that you are meeting the needs of mid-level health workers and the ministry of health.

Define Needs

As a supervisor, your first task is to define the needs that you are expected to satisfy. Recall for a moment the discussion in Unit 2 about the supervisor being caught between expectations of superiors and mid-level health workers. You must meet the needs of both groups, which means that the needs you must satisfy fall into two categories:

Needs of mid-level health workers

Needs of ministry of health

The needs of mid-level health workers include guidance regarding ministry of health policies and plans, technical advice and support, and continuing education. The needs of the ministry of health include carrying out ministry of health policies and plans and providing information feedback. Your task is to define the needs in both categories. By defining needs, you will know what is expected of you as a supervisor. To know what is expected of you is the first step toward being an effective supervisor.

Set Work Objectives

After you have defined and listed the needs of mid-level health workers and the ministry of health, you are ready to set work objectives. Objectives are short statements of what you must do

to satisfy the needs you have listed. Your work objectives should be stated in specific terms. The more exactly you can state your objectives, the easier it will be to work towards them. When an objective is vague, you are never sure if you have reached it or not. You set your own work objectives, but these objectives are determined by the needs of mid-level health workers and the ministry of health. Remember that the ministry of health has its own objectives. Ideally, ministry of health officials will describe their needs to you and permit you to set objectives to meet those needs. However, in practice, ministry of health officials sometimes set objectives for you. This is especially true of officials who use an authoritarian style instead of a participative style.

After you list all your work objectives, put them in some logical order. Review them with your superiors in the ministry of health. You may have overlooked some important ministry of health needs, or they may suggest other objectives for meeting the needs you did identify.

After reviewing your objectives with your superiors, call a meeting of mid-level health workers to discuss your work objectives with them. Again, you may have overlooked some important mid-level health worker needs. Reviewing and discussing your work objectives is time-consuming, but it does ensure that you will be working toward meeting the needs of the two groups you are expected to satisfy, mid-level health workers and ministry of health officials.

Make Work Plans

After you have a list of objectives that you have reviewed with mid-level health workers and ministry of health officials, you are ready to make work plans. A work plan lists activities you intend to carry out to meet a certain work objective. Normally, you will make a separate work plan for each objective or for each group of related objectives.

Some supervisors make the mistake of spending endless hours drawing up elaborate work plans. In fact, they often spend so much time making work plans that they have no time left for implementing their plans. A work plan should be simple and straightforward. It should list the activities you intend to carry out, the resources you will need, and perhaps a timetable of when the activities should be carried out or in what order. A work plan

is an outline. You need not describe in detail how you intend to carry out each of the activities. A work plan is simply a tool to help ensure that all your work activities are leading toward meeting your work objectives. By planning, you avoid wasting time on activities that are not leading toward your objectives.

Time is perhaps a supervisor’s most valuable resource. To make the best use of time, supervisors organize their work plans into a single work schedule. Some supervisors prefer to schedule their activities on a weekly basis, others prefer a monthly or yearly basis. Whether you use a weekly, monthly, or yearly schedule, arrange your work activities in a systematic way. Below are sample formats for weekly, monthly, and yearly work schedules.

WEEKLY SCHEDULE

Week beginning _____ and ending _____	
Mon	
Tue	
Wed	
Thu	
Fri	
Sat/Sun	

MONTHLY SCHEDULE

Month _____						
	Mon	Tue	Wed	Thu	Fri	Sat/Sun
WEEK 1						
WEEK 2						
WEEK 3						
WEEK 4						
WEEK 5						

YEARLY SCHEDULE

[illegible]

Since you make a separate work plan for each objective or group of related objectives, you will end up with many work plans, each with its list of work activities. When you begin to arrange these activities into a work schedule, you may find that you do not have enough time for all of the activities. If this happens, you will have to set priorities, which means going back and looking at your objectives and arranging them in their order of importance.

Arranging objectives in order of importance is a difficult task. It means placing a relative value on objectives, saying that one objective is more important than another. Each objective is important or you would not have made a work plan for it. Setting priorities requires careful analysis followed by hard decisions using your best judgment. You cannot rely totally on your superiors to help you set priorities. They naturally have a tendency to give high priority to objectives that meet their needs, leaving the needs of mid-level health workers unmet. Your goal must be to balance the needs of mid-level health workers and the ministry of health when setting priorities. Use the decision-making process in Unit 6 to help you set priorities.

After your objectives are arranged in order of priority, you can again return to making the work schedule. Begin by scheduling work activities associated with the highest priority objective. When your work schedule is full, stop. You should not overload your schedule by crowding in too many activities.

Activities associated with low priority objectives may not fit on this work schedule. But perhaps you will get a chance to carry them out at a later date. So keep them in your files in case you want to refer to them in the future.

Carrying Out the Work

After you have a work plan and a work schedule, you are at last ready to do your work. Implementation is doing the work you have planned. All the previous steps — defining needs, setting objectives, making plans — were to prepare you to implement your work.

Some supervisors make the mistake of believing that most of their work is done once they have completed their plans. This is not true. Work requires more time and effort.

By following work plans, you hope to ensure that supervisory activities are carried out effectively and efficiently. However, your work plans are only a guide to action. They should not be rigid. You must follow your plan, but at the same time remain flexible enough to adjust to changed conditions and to meet unusual and unexpected situations.

An important part of carrying out your work will be regular visits to mid-level health workers working in health centers. In the next unit you will develop several checklists to use as a guide on these supervisory visits. In addition to these checklists, you should keep two other written records:

- Mid-level health worker profiles for your use

- Record of supervisory visits for mid-level health workers' use

The mid-level health worker profile is a written record of each mid-level health worker's work, his health center, his health team, and his community. The monthly reports that the mid-level health worker fills out and sends to you should be part of this profile. The purpose of maintaining a mid-level health worker profile is to keep yourself familiar with the specific problems faced by each mid-level health worker. You should review the mid-level health worker profile regularly, especially before supervisory visits. By keeping yourself up-to-date in this way, your supervisory visits will be much more productive.

The record of supervisory visits is a notebook you may leave with mid-level health workers at their health centers. In it, you should write comments, recommendations, or promises you made to the mid-level health worker during your visit. Also include notes on any plans or agreements made during your visit. Written com-

ments left with mid-level health workers are one of the most effective ways to help follow through with plans made during your supervisory visits. The written record is also valuable to you and to mid-level health workers for objectively evaluating progress at the health center.

Implementation is the end product of the planning and evaluation process. Most of your time and effort should go into implementation.

Evaluation

After you have carried out your plans, you should evaluate how well you are meeting your objectives. Evaluation is measuring what you have done and comparing it to what you had planned to do. If you find a difference between what you planned and what you actually accomplished, you must explain why and then take action.

You will be doing informal evaluation daily as you carry out your work. For example, after a training session with a mid-level health worker, you will have a general idea of how the session went. Your general idea is based on an informal evaluation of your performance during the training session and your feeling about how much the mid-level health worker learned. Informal evaluation is important and should be done while you carry out your work plan.

In addition to informal evaluations, you should make regular, formal evaluations once every year. Formal evaluations are more thorough and systematic. Always record the results in writing.

The purpose of a formal evaluation is first, to make sure you are on track in meeting your work objectives. Second, it allows you to keep a brief, written record of progress, including notes on any changes you make in your work plans.

Many supervisors neglect evaluation because they feel it takes too much time or because it pinpoints problems and shortcomings that they would prefer to ignore. To neglect evaluation is a great mistake.

Evaluation is a tool to guide you toward meeting your work objectives. Evaluation need not take a lot of time. Simply review your work plans periodically and make brief notes on your progress. Discuss your evaluation notes with your superiors in the ministry of health. They will be pleased that you are system-

atically evaluating your own work and trying to improve the way you go about meeting your objectives.

In summary, planning and evaluating your own work includes these steps:

Define needs of mid-level health workers and ministry of health officials and write them down

Set work objectives to meet the needs identified

Review your objectives, first with ministry of health officials and then with mid-level health workers

Write down the final version of your work objectives

Make work plans for each objective, or each group of related objectives, using the work plan for supervisors

Combine the most important work plans into one work schedule

Carry out your work according to the schedule

Evaluate your work, noting progress made, problems encountered, and action taken on the Work Plan for Supervisors form

Date

Specific Need

Specific continuing education in clinical, community health, and management skills

General Category of Need

Continuing Education for MLHWs

WORK OBJECTIVES	WORK PLAN	DATE	WORK PLAN EVALUATION AND ACTION TAKEN
1. Spend one hour per month with each MLHW on a specific continuing education topic during 1982	<p>During monthly supervisory visit with each MLHW, spend one hour on specific continuing education topic.</p> <p>Tentative schedule of topics:</p> <p>JANUARY: Doing Annual Performance Evaluation</p> <p>FEBRUARY: Using the Formulary</p> <p>MARCH: (Individual topic)</p> <p>APRIL: Malaria--prevention and treatment</p> <p>MAY: Record keeping</p> <p>JUNE: (Individual topic)</p> <p>JULY: Improving water supply</p> <p>AUGUST: Using transportation resources</p> <p>SEPTEMBER: (Individual topic)</p> <p>OCTOBER: Managing supplies</p> <p>NOVEMBER: Diarrhea--prevention and control</p> <p>DECEMBER: (Individual topic)</p>	10 Apr '82	<p>Annual Performance Evaluation and Using Formulary topics covered in January and February. MLHWs reacted very favorably to individual topics covered in March. Plan to substitute individual topics for Malaria this month and Using transport in August.</p> <p>Seminar in March went well; Mr. Sione Afa from the Central MOH Planning Unit assisted me. MLHWs developed a planning and evaluation format to use in their MCH programs. Two MLHWs were unable to attend (Leota and Seupule).</p>
2. Organize two continuing education seminars for MLHWs in the district during 1982	<p>Hold two seminars at district hospital with all MLHWs invited to attend.</p> <p>Tentative schedule:</p> <p>March 9-10: Topic--Plan. & Eval. PHC Programs</p> <p>Instructor--Me</p> <p>Aug. 16-17: Topic--Problems of the Gastrointestinal System</p> <p>Instructor--Dr. G. Mataala from Institute of Health Sciences</p>	6 Sep '82	<p>Covered record keeping in May, but since then have been covering individual topics, which seem more productive and are better received by MLHWs. Plan to continue with individual topics until the end of the year.</p> <p>Seminar on GI problems was postponed, but finally held on Sept. 2-3. All MLHWs attended. Very classroom oriented; will emphasize practical skills training in future seminars and on clinical topics.</p>

EXERCISE 14

Planning and Evaluating Your Own Work

A successful supervisor must be able to plan and evaluate his own work. In this exercise, you will use a planning and evaluation process. The steps in this exercise will take place over three months.

STEP 1

Define what mid-level health workers need from you and what ministry of health officials need from you. Set objectives and write out plans that will enable you to meet those needs. Use your Work Plan for Supervisors forms to record this information. Use a separate form for each objective or group of objectives. You have one day to complete this part of the exercise. Your instructor will be available during the day to answer questions, but you should work alone as much as possible.

STEP 2

Meet with your instructor the next morning and review your work. Explain the needs you defined, the work plans you have written, and the work schedule you made. Agree on final work plans and a work schedule.

STEP 3

Spend one month supervising mid-level health workers. Carry out your work plans according to your work schedule. At the end of one month, meet with your instructor to review your progress. Working together, fill in the "Work Plan Evaluation and Action Taken" column of your work plans. Revise your work plans and work schedule for the coming month.

STEP 4

Spend a second month supervising mid-level health workers. Implement your revised work plans according to your revised work schedule. At the end of the month, meet with your instructor again. This time you should already have completed your evaluation and filled in the "Work Plan Evaluation" column on each of the work

plans. Review this evaluation with your instructor and then together revise your work plans and work schedule for the coming month.

STEP 5

Spend a third month supervising mid-level health workers. Carry out your revised work plans according to your revised work schedule. At the end of the month, meet with your instructor for the final time. You would have already completed filling in the "Work Plan Evaluation" column on each of the work plans and revised your work plans and work schedule. Review this with your instructor and explain your progress to date. Then review the entire three-month exercise and summarize what you have learned about planning and evaluation.

Unit 8

Using a Checklist to Supervise Mid-Level Health Workers

STUDENT GUIDE

OBJECTIVES

1. Develop a checklist for supervising clinical, maternal and child health, community health, and management support services provided by mid-level health workers
2. Use your checklist to supervise mid-level health workers

LEARNING ACTIVITIES

1. Read and take part in a discussion of Unit 8.
2. Review mid-level health workers' reference manuals and skill checklists and make notes on mid-level health workers' knowledge and skills.
3. Review your experience as a provider of primary health care services and make a list of data that indicate the quality of clinical, maternal and child health, community health, and management support services.
4. Make a checklist for supervising clinical, maternal and child health, community health, and management support services being provided by mid-level health workers.
5. Take part in a review and discussion of your checklist with the instructor.
6. Use your checklist to supervise mid-level health workers providing clinical, maternal and child health, community health, and management support services.
7. Take part in a final review and revision of your checklist with the instructor.

8.1 THE MID-LEVEL HEALTH WORKER'S ROLE

A mid-level health worker has three broad responsibilities:

Clinical and maternal and child health services

Community health services

Management support services

Mid-level health workers provide clinical and maternal and child health services at health centers and in communities. Even if mid-level health workers have nurses and midwives to assist them, they are still responsible for these services.

Mid-level health workers provide community health services in the health service area surrounding their health centers. This work focuses on prevention of disease and promotion of health. A major activity is the training and support of community health workers.

Mid-level health workers provide the management support services needed to carry out the primary health care programs in their health service areas. Management support services include supplying drugs, transportation, communication, and health information.

Mid-level health workers received training in clinical, maternal and child health, community health, and management support skills. Your first task as a supervisor is to find out exactly what skills mid-level health workers were taught and how they were trained to perform these skills. Only then can you offer appropriate technical supervision.

The goal of a supervisor is to ensure that mid-level health workers provide the highest possible standard of primary health care services in their communities. To achieve this goal, you must systematically and regularly monitor the clinical, maternal and child health, community health, and management support activities of mid-level health workers. Checklists are one method used to monitor these activities.

0208.5

PHC-100

COMMUNITY HEALTH CELL

326, V Main, I Block

Koramangala

Bangalore-560034

8.2 USING CHECKLISTS TO MONITOR PRIMARY HEALTH CARE SERVICES

A checklist is a tool to help supervisors systematically monitor the primary health care services being provided by mid-level health workers. It contains a list of important clinical, maternal and child health, community health, and management support activities, skills, and data. You must check these regularly to ensure that mid-level health workers are providing high quality primary health care services. The activities, skills, and data on the checklist are determined by the types of services being provided and by the skills being performed by mid-level health workers. The items are usually grouped and arranged in a logical order.

Some supervisors use a standardized checklist, but since everyone organizes his work in a different way, you should develop your own checklist. Use your checklist as a guide. Take it with you when you make supervisory visits to health centers. After checking an item on the list, make brief notes of your observations, assessment, recommendations, or action taken. Record these notes before you leave the health center.

A checklist should be neither too long nor too short. A checklist that is too long and detailed will be cumbersome to use. If the checklist is too short, it will not give you enough guidance when you are visiting a health center. When you develop your own checklist, include enough details to serve as a guide, but not so many that the list becomes hard to use.

8.3 FORMAT FOR CHECKLISTS

A sample format for checklists is shown below. Activities, skills, and data to be monitored are listed in the left hand column. The supervisor can make notes on his observations, assessments, recommendations, or action taken in the right hand column. Each entry should be dated.

ACTIVITIES, SKILLS AND DATA TO BE MONITORED	NOTES DATE

This is only a sample format. You may have a format that suits you better. If so, use it when you develop your own supervisory checklist.

EXERCISE 15

Developing a Supervisory Checklist

You will be responsible for supervising clinical, maternal and child health, community health, and management support services at health centers. In this exercise you will develop a checklist to guide you in carrying out this supervisory responsibility.

STEP 1

Review the reference manuals and skill checklists used by mid-level health workers. Make notes on the procedures outlined in these reference manuals. Based on your notes, ask yourself, "What specific clinical, maternal and child health, community health, and management support activities and skills of mid-level health workers do I need to monitor?" Make a list of these activities and skills.

Now, based on your own experience, ask yourself, "What specific data will give me an indication of the quality of the clinical, maternal and child health, community health, and management support services being provided at a health center?" Make a list of these data.

Now make your two lists into one checklist for supervising mid-level health workers. Use the format in the text or make up your own format. Try to combine similar items so your list is not too long. Group items and arrange them in some logical sequence. Take one day to complete Step 1.

STEP 2

Meet with your instructor and review your checklist with him. Revise the checklist, if necessary.

STEP 3

Use the checklist to guide you in supervising mid-level health workers. After three months, meet with your instructor again. Review the checklist together and revise it.

Unit 9

Evaluating Performance and Motivating Mid-Level Health Workers

STUDENT GUIDE

OBJECTIVES

1. Improve your understanding of motivation and performance evaluation.
2. Improve your ability to use the annual performance evaluation interview to motivate mid-level health workers.
3. Improve your judgment in handling difficult supervisory situations.
4. Identify and then practice specific skills you will need to monitor clinical, maternal and child health, community health, and management support services.

LEARNING ACTIVITIES

1. Read and take part in a discussion of Unit 9.
2. Fill out an Annual Performance Evaluation form for the least motivated mid-level health worker that you now supervise.
3. Role-play two performance evaluation interviews, playing first the mid-level health worker role and then the supervisor role.
4. Take part in a discussion of the two performance evaluation role-plays.
5. Analyze and take part in a discussion of a case study involving performance evaluation.
6. Identify skills you will need to evaluate the performance of mid-level health workers.
7. Practice skills you will need to evaluate the performance of mid-level health workers, including their ability to take a patient history and use Patient Cards, Maternity Cards, and Inventory, Order Issue, and Receipt forms.

8. Describe your experience evaluating subordinates and being evaluated by superiors.
9. Take part in a discussion summarizing what you have learned about motivation and performance evaluation.

9.1 WHAT IS MOTIVATION?

Motivation means giving a person incentive to act. It means stimulating him to achieve maximum performance. A mid-level health worker is motivated when he:

- Shows enthusiasm and has a positive attitude
- Believes his work is important and works hard
- Works well with his supervisor, other health workers, and members of the community
- Willingly takes part in planning, carrying out, and evaluating his work

Some mid-level health workers seem to motivate themselves. They are skilled, confident, and capable of self-direction. Other mid-level health workers have little motivation. They lack self-confidence, and they do their jobs poorly. One of your responsibilities as a supervisor is to motivate this second group of mid-level health workers to improve their performance.

9.2 THE ROLE OF A POSITIVE ATTITUDE

A positive attitude is a kind of internal motivation. A person with a positive attitude is optimistic. He says to himself, "No matter how difficult the job, I can do it." A positive attitude leads to positive actions. Positive actions lead to success. A supervisor needs a positive attitude toward his work and toward mid-level health workers to be successful.

A supervisor's attitude toward the ministry of health, toward patients, and toward the community influences the mid-level health workers he supervises. If you have a positive attitude, then your mid-level health workers also will tend to have a positive attitude. Even a mid-level health worker with a negative attitude will become more positive if you maintain your own positive attitude. However, attitudes develop slowly. To change them often requires months or years.

As a supervisor of mid-level health workers you need a positive attitude to motivate yourself and others. You probably already have a positive attitude. It may waver at times, but you can strengthen it with positive thoughts and positive actions. Maintaining your own positive attitude is one of the most effective ways to motivate mid-level health workers.

9.3 UNDERSTANDING MID-LEVEL HEALTH WORKERS

Motivation is based on understanding and trust. To motivate mid-level health workers, a supervisor must first understand them. To understand mid-level health workers, become familiar with their training, the ministry of health policies and procedures governing their work, and their work environment. Also take the time to discover the attitudes, talents, goals, likes, and dislikes of each mid-level health worker. A mid-level health worker's work goals and personal goals are especially important. If you know a person's goals, you will be better able to understand his behavior and perhaps predict his behavior in certain situations.

Take the example of a capable young mid-level health worker who begins to drink liquor heavily. The quality of his work declines. He is irritable and cannot get along with anyone. As the mid-level health worker's supervisor, you want to motivate him to change his behavior. However, you must first understand what is influencing him to drink liquor. Remember that his behavior is sensible and justifiable to him, no matter how destructive and irrational it may seem to you. The first step in motivating this mid-level health worker is to try to understand his situation. Understanding is the first step toward motivating any mid-level health worker.

9.4 DEVELOPING TRUST

Trust comes with understanding. You will find a mid-level health worker almost impossible to motivate unless you first gain his trust. Trust develops slowly, based on respect for you as a supervisor and acceptance

of you as a leader. Here are some guidelines for developing trust.

To develop trust, be straightforward and fair with mid-level health workers. Apply rules equally and consistently. Avoid giving the impression of favoring some mid-level health workers over others.

Use two-way communication and encourage feedback. Use a participative style. Share information with mid-level health workers and show respect for their ideas and opinions.

Be supportive at all times. Never take over the mid-level health worker's role, especially in front of health center staff or patients. Always work through and support the mid-level health worker when making supervisory visits to a health center.

Perhaps the best thing to remember about developing trust is that trust wins trust. If you trust mid-level health workers, they will trust you.

9.5 WAYS TO MOTIVATE MID-LEVEL HEALTH WORKERS

Mid-level health workers have different personalities, different goals, and different work habits. Consequently, what motivates one mid-level health worker may not motivate another. As a supervisor, you will have to choose a combination of methods to motivate each of your mid-level health workers. Experience will teach you which methods work best.

Set a Good Example

The best way to motivate mid-level health workers is to first motivate yourself. You are a role model for mid-level health workers. Maintain a positive attitude. Set high standards for yourself and live up to them. Ask for help when you need it and admit mistakes when you make them. This will encourage mid-level health workers to do the same. If a supervisor cannot set a good example by doing a good job, then he cannot expect mid-level health workers to do a good job.

Develop and Maintain Good Personal Relations

You must develop a personal relationship with a mid-level health worker before you can motivate him. To develop good personal relations, you must be friendly and communicate openly. Try to understand the mid-level health worker's attitudes and goals. Do

not criticize mid-level health workers unfairly and never criticize them behind their backs or in front of other team members. Maintain a sense of humor, because humor helps to promote good relations. Avoid getting angry. Anger almost always makes matters worse.

Post Each Mid-Level Health Worker Where He Can Work Best

Success is perhaps the best motivator. After you get to know a mid-level health worker and you can assess his strengths and weaknesses, post him in the health center for which he is best suited. For example, you might post a mid-level health worker with excellent clinical skills in a health center with a heavy patient load. A mid-level health worker is more likely to succeed and therefore more likely to be motivated working in a setting that takes advantage of his particular interests and skills.

Use a Participative Style

Encouraging mid-level health workers to participate and get involved will motivate them to do a good job. Mid-level health workers like to know what is going on. Share information with them. Use two-way communication and insist on feedback. When mid-level health workers offer good suggestions, accept them. In some situations, and with some mid-level health workers, you may have to use an authoritarian style. But most of the time you should use a participative style because it is best for motivating mid-level health workers.

Guide, Encourage, and Support Mid-Level Health Workers

To motivate mid-level health workers, you must continually offer guidance, encouragement, and support. Guidance means working with mid-level health workers to help them plan and evaluate their own work. Guidance also means letting mid-level health workers know what you expect of them. People tend to act as others expect them to act. Therefore, it is essential that mid-level health workers know what behavior you expect from them. All mid-level health workers will need guidance in solving work problems. Some may need guidance in solving personal problems. Encouragement means helping and reassuring mid-level health workers, regardless of their type of problem. Support means providing mid-level health workers with a satisfactory work environment, which includes the personnel and resources they need to do their jobs.

Support also means defending mid-level health workers in their dealings with the ministry of health. You are able to defend them because you have more authority than they do.

Reward Good Work

A positive way to motivate mid-level health workers is to reward good work with praise. Praise is a powerful motivator. Do not hesitate to express your appreciation for the work the mid-level health worker is doing. Everyone wants to feel his efforts are appreciated. Do not wait until the mid-level health worker's annual performance evaluation to praise him. Give praise frequently and informally to a mid-level health worker who is doing a good job. Praise is especially effective when given in front of health center staff, because it increases the mid-level health worker's self-confidence and enhances his leadership position. In addition to praise, rewards for good work include pay increases, promotions, and training for higher level positions.

Build Team Spirit

Mid-level health workers will be motivated to work harder if they feel they are part of a team. Make sure mid-level health workers understand that they are members of a team and that their jobs are important to the success of the team. Make them feel that the work of providing health services is the responsibility of all mid-level health workers in the district. Schedule regular meetings of mid-level health workers to build and maintain team spirit.

Provide Continuing Education

A continuing education program will motivate mid-level health workers to improve their skills. Most people do not enjoy doing the same job in the same way over and over again. They need variety. Many mid-level health workers enjoy the challenge of learning new skills or taking on new responsibility. Your continuing education program should provide the training that mid-level health workers need to improve their existing skills and to learn new skills. When a mid-level health worker can do a new task, delegate that responsibility to him. Continuing education will make your job a lot easier and motivate mid-level health workers to achieve maximum performance. You will learn more about continuing education in Unit 10.

In conclusion, motivated mid-level health workers do their jobs

well. Motivated mid-level health workers push themselves. Mid-level health workers without motivation must be pushed to do their jobs. It is much easier to supervise mid-level health workers who push themselves. The more successful you are at motivating mid-level health workers, the easier your job will be.

9.6 WHAT IS PERFORMANCE EVALUATION?

Performance evaluation is assessing how well a mid-level health worker is doing his job. Mid-level health workers want to know how they are doing. They want to know what you, their supervisor, think of them and their work.

If given an opportunity, mid-level health workers often ask such questions as, "How have I have been doing? What needs improvement? What is expected of me in the future?" A good performance evaluation will help answer these questions and motivate mid-level health workers.

A difficulty in performance evaluation is that mid-level health workers usually do not like criticism. No mid-level health worker wants to hear that he is not working hard enough or not doing a good job. Because of this, you may not want to discuss performance with mid-level health workers who are doing a poor job. However, mid-level health workers who are doing a poor job are the ones who need your evaluation the most.

Failure to criticize a poor job is unfair to mid-level health workers who are working hard and doing a good job. Failure to criticize allows small problems to grow into big ones. A mid-level health worker will go on performing poorly if he is not corrected. His performance may become so bad that you can no longer change the way he works. You may then have to transfer him or dismiss him. This is unfair to the mid-level health worker. To let a situation get out of hand like this is the mark of a poor supervisor.

Supervisors can use performance evaluation to punish mid-level health workers or to help them to improve their work. An authoritarian supervisor tends to use performance evaluation to punish poor work. A participative supervisor uses performance evaluation to make constructive suggestions about how a mid-level health worker can improve his skills. The way you feel about performance evaluation is probably

influenced greatly by your own experience at being evaluated. What you should understand is that performance evaluation can be either constructive or destructive, depending on how a supervisor uses it. If done well, performance evaluation helps mid-level health workers with their work and is a valuable tool for motivating them to improve their skills.

9.7 FORMAL AND INFORMAL PERFORMANCE EVALUATIONS

Performance evaluations may vary from an informal, usually verbal report to a formal, written report. A supervisor uses both formal and informal evaluations when monitoring the work of mid-level health workers.

Informal Performance Evaluation

Supervisors continually do informal performance evaluations. For example, a supervisor watches how mid-level health workers perform their duties, reviews the quality of their work, and listens to their problems. A good supervisor gives continuous feedback to mid-level health workers on how well they are doing. This feedback is informal and usually verbal. This type of informal performance evaluation is the best way to motivate mid-level health workers to improve and to work toward achieving their maximum performance.

You may use the checklist developed in Unit 8 as a guide in your informal performance evaluation of mid-level health workers. However, checking off items on a clipboard list will almost certainly make mid-level health workers nervous. Also, patients, health center staff, and members of the community may wonder whether the mid-level health worker really knows what he is doing if his supervisor has to follow him around with a checklist. Refer to your checklist before your supervisory visit. Decide which activities or skills you are going to observe. You can write your notes later and discuss them with the mid-level health worker in private. Remember not to criticize mid-level health workers in front of others or undermine their position of leadership and authority.

Formal Performance Evaluation

Supervisors make formal performance evaluations regularly, usually as part of an annual performance assessment or a recertification process. This type of evaluation is written.

You must do formal performance evaluations carefully and fairly, because they become part of the mid-level health worker's permanent record. They are used as a basis for decisions on salary increases, promotions, transfers, continuing education, and other benefits. A formal performance evaluation motivates mid-level health workers to improve the way they do their job.

9.8 PRINCIPLES OF PERFORMANCE EVALUATIONS

Supervisors must resist any tendency to let their personal feelings influence their evaluation of mid-level health workers. You must be objective.

Be Objective

A supervisor should try to be objective when assessing mid-level health workers. However, when you are evaluating a mid-level health worker, you might find yourself wondering, "Is this mid-level health worker performing for my benefit because he knows he is being evaluated, or does he behave like this all the time?"

This is often a difficult question to answer. If you are a new supervisor, and the mid-level health worker does not know you well, he may try to impress you. In this situation, if the mid-level health worker's performance is good, at least you know he has the knowledge and skills he needs to be a good mid-level health worker. When you suspect that a mid-level health worker is performing for your benefit and he is still doing a poor job, then you should get to know each mid-level health worker's skills, personality, and way of working. Then you can objectively assess his performance.

Be Specific

Be specific when you evaluate a mid-level health worker's performance. If you tell him he must "do a better job," he will have to

guess what you mean. Explain precisely what he must do in order to improve his job performance. If he must do many things, write them down so he can use the list as a reminder.

Know the Training

Know what a mid-level health worker has been trained to do and how he has been trained to do it, before making judgments about his performance. For example, a mid-level health worker may organize drugs and supplies in a storeroom in several ways. You may not do it the way the mid-level health worker was trained to do it. However, you must evaluate the mid-level health worker according to the way he was trained to organize drug supplies, not the way you would organize them.

9.9 GUIDELINES FOR DOING ANNUAL PERFORMANCE EVALUATIONS

An annual performance evaluation is a review of how a mid-level health worker is doing his job. You should compare his performance to his job description and any other work objectives that have been set for the job. Write your findings on the Annual Performance Evaluation form. Discuss your findings with the mid-level health worker. The end product is a plan drawn up by you and the mid-level health worker for improving the mid-level health worker's performance.

A good performance evaluation can be one of the most effective ways to motivate a mid-level health worker. Unfortunately, most supervisors do not use the annual performance evaluation system well. Too often they see it as a mere formality. They hurriedly fill out the form, hold a cursory interview with the mid-level health worker, and send the form off to the Personnel Department. This kind of performance evaluation accomplishes little or nothing. It rarely motivates a mid-level health worker to improve the way he is doing his job.

Since supervisors are required to do annual performance evaluations of all mid-level health workers, you should put in the little extra time and effort needed to make the system work well and serve as a motivator for mid-level health workers. Below are some guidelines for carrying out a good annual performance evaluation.

Provide Feedback

Provide feedback to mid-level health workers throughout the year, before an annual performance evaluation. Your evaluation should not surprise a mid-level health worker. He should have heard everything that appears on the evaluation form from you earlier.

Review Files

Review the mid-level health worker's personnel file before filling out the evaluation form. Pay attention to previous evaluations and plans for improving work performance.

Meet with the Mid-Level Health Worker

After you fill out the form, meet with the mid-level health worker to review his performance. Help him plan how to improve his performance where he must. Give him advance notice of the evaluation meeting so he has time to reflect on his performance during the past year. Allow ample time for the meeting, including time for preparing a plan for improvement.

Begin with the Good

Begin the meeting with favorable comments. Create a relaxed, friendly meeting. Do not hurry. Encourage the mid-level health worker to explain his point of view and to ask questions.

Be Positive

Discuss the mid-level health worker's performance frankly and objectively. Be positive. Give two or three favorable comments for every criticism. Follow up criticism immediately with specific suggestions for improvement. Compare the mid-level health worker's performance to his job description and last year's plan for improvement. Never compare the mid-level health worker with other mid-level health workers.

Discuss Strengths and Weaknesses

Discuss the mid-level health worker's strengths and weaknesses. Help him use his strengths to overcome his weaknesses. Decide with the mid-level health worker which problems might be caused by the mid-level health worker himself, which by the supervisor, and which by the job situation. For example, the supervisor might not be giving clear instructions. Or, the mid-level health worker might be hampered by a lack of equipment, a lack of cooperation from other workers, or by the excessive demands of patients. Pin-

point the cause of the problems. Do not place all the blame for poor performance on someone else.

Plan Improvements

With the mid-level health worker, decide on a plan for improving performance in the next year. Make the plan realistic, yet challenging. Consider the mid-level health worker's strengths and areas in need of improvement. Write the plan down after you agree on it.

Set Dates for Improvement

Set dates for review of progress in carrying out the performance improvement plan. The review dates might be every three months. Write them on the form.

End the meeting on a positive note. Impress the mid-level health worker with the opportunities he has to improve his performance. Assure him that you will do your part to help him.

Follow-up Progress

Follow-up the mid-level health worker's progress. Meet on the dates set during the evaluation meeting to review the performance improvement plan. Provide support and motivation on a continuing basis.

9.10 EVALUATING SKILLS

Use checklists to evaluate mid-level health workers' skills. Checklists break each skill into a series of steps. A checklist lists what areas to evaluate, but not how to evaluate them. For example, a checklist might read, "Is the mid-level health worker referring patients correctly?"

To answer this question, you would first review some patient referral reports written by the mid-level health worker and talk to the patients referred. Next, you would talk to a physician treating the referred patients. Third, you would watch the mid-level health worker referring a patient, and review the Patient Register. Exercises in this unit will give you practice in evaluating performance.

EXERCISE 16

Motivating a Mid-Level Health Worker

A supervisor is responsible for conducting a formal annual performance evaluation for each mid-level health worker. In this exercise you will practice how to use the performance evaluation interview to motivate a mid-level health worker.

STEP 1

Think of the least motivated mid-level health worker that you now supervise. If you do not yet supervise mid-level health workers, think of the least motivated health worker you have worked with in your previous job. Complete Part I of the Annual Performance Evaluation form for this mid-level health worker. Do not use the mid-level health worker's real name but make all the other information accurate and complete. Work alone and take fifteen minutes to complete Part I of the form.

STEP 2

Select a partner and give him the evaluation form to review. Role-play an annual performance evaluation interview with the mid-level health worker you have described on the form. You play the role of the unmotivated mid-level health worker. Your partner will play the role of the supervisor. Complete Part II of the Annual Performance Evaluation form. Take fifteen minutes for the role-play.

STEP 3

Now switch roles and role-play the health worker described in your partner's evaluation form. You now take the supervisor's role. Complete Part II of the Annual Performance Evaluation form.

STEP 4

Take part in a discussion of this exercise. Be prepared to explain the plan for improving performance that you worked out when playing the supervisor role.

WORKSHEET FOR EXERCISE 16

Motivating a Mid-Level Health Worker

Annual Performance Evaluation

FOR ALL FULL-TIME EMPLOYEES

PART I TO BE COMPLETED BY SUPERVISOR BEFORE MEETING WITH EMPLOYEE

Name	Employee No.
Job Title	Date of Employment
Location	Date of this Evaluation

EMPLOYEE'S STRONG POINTS

These strong points can be used more effectively by doing the following:

AREAS THAT NEED IMPROVEMENT

These areas can be strengthened by doing the following:

PART II TO BE COMPLETED BY SUPERVISOR AND EMPLOYEE TOGETHER

PLAN FOR IMPROVING PERFORMANCE FOR THE COMING YEAR

COMMENTS

PERFORMANCE REVIEW DATES FOR THE COMING YEAR

Signature of Employee		Date
Signature of Supervisor	Job Title	Date
Signature of Personnel Officer		Date

EXERCISE 17

Case Study in Performance Evaluation

A supervisor evaluates the performance of mid-level health workers to make sure they follow ministry of health policies and procedures. However, many unusual supervisory situations will force you to use your judgment to decide how to apply ministry of health policies. In this exercise you will practice how to evaluate performance in a situation that requires good judgment.

STEP 1

Read the case study on the worksheet. Then write how you would handle the situation described. Work alone and take fifteen minutes for this part of the exercise.

STEP 2

Take part in a discussion of the case study. Be prepared to explain how you would have handled this situation.

WORKSHEET FOR EXERCISE 17

Case Study in Performance Evaluation

A twenty-year-old man with a urethral discharge seeks treatment at a health center. The mid-level health worker correctly diagnoses his problem as gonorrhea. The mid-level health worker treats the man who then leaves the health center. The supervisor notices that the case is not entered in the health center's Patient Register. He goes to the mid-level health worker's office and says, "I notice that you did not enter the young man with gonorrhea in the Patient Register. Why not?" "Oh, I have treated him half a dozen times for the same condition," the mid-level health worker replies.

"Did you enter his name in the Patient Register on previous visits?"

"Well, no. He is the chief's son. Everyone knows that he has numerous cases of gonorrhea. But the chief is old and about to retire, and the son will take his place. The chief has asked me to keep his son's record 'clean.' And I need the chief's and the son's support to finish the drinking water project."

"Did you read the memo last month from the Permanent Secretary regarding gonorrhea cases?" the supervisor asks.

"Yes, I read it," the mid-level health worker says. "We are supposed to report all the gonorrhea cases treated during the past six months. But I have also received a memo which says improved drinking water is the ministry of health's top priority this year, and I need the chief's support to accomplish anything concerning the water supply."

As a supervisor, what would you say or do next to solve this problem?

EXERCISE 18

Evaluating the Performance of Mid-Level Health Workers

You will be responsible for supervising clinical, maternal and child health, community health, and management support services at health centers. You already know how to provide these services yourself. However, to provide a service and to supervise a service are slightly different. In this exercise, you will identify and practice supervisory skills needed to monitor clinical, maternal and child health, community health, and management services.

STEP 1

Review the checklist you developed in Exercise 14. Identify specific supervisory skills you will need when using this checklist. For example, you know how to diagnose and treat patients and how to record information on a Patient Card, but do you know how to quickly review a Patient Card to check if a mid-level health worker has made a correct diagnosis and provided appropriate patient care? Perhaps you know how to do this, but need some practice to increase your skill. Make a list of the supervisory skills you feel you need to learn or to practice.

STEP 2

Meet with your instructor and review the list. Discuss your training needs and agree on a plan and schedule for meeting these needs.

EXERCISE 19

Evaluating Patient History Taking

Listen to your instructor take a patient history. Note any mistakes or omissions he makes. Discuss your observations with your instructor.

EXERCISE 20

Evaluating the Use of Patient Cards

Your instructor will give you three Patient Cards. Review the information on each card carefully. Look for errors. Refer to the Diagnostic and Patient Care Guides, if necessary. Discuss the information on each card with your instructor.

EXERCISE 21

Evaluating the Use of Maternity Cards

Your instructor will give you a Maternity Card. Carefully review the information on the card. Look for errors or omissions. Refer to the Diagnostic and Patient Care Guides, if necessary. Discuss your findings with your instructor.

EXERCISE 22

Evaluating the Use of Inventory, Order, Issue, and Receipt Forms

Your instructor will give you an Inventory, Order, Issue, and Receipt form. Review the information on the form carefully. Look for errors or omissions. Refer to the Health Center Operations manual if you need to. Then, discuss your findings with your instructor.

Unit 10

Continuing Education

STUDENT GUIDE

OBJECTIVES

1. Improve your understanding of continuing education.
2. Improve your ability to provide continuing education for mid-level health workers.

LEARNING ACTIVITIES

1. Read and take part in a discussion of Unit 10.
2. Assess the continuing education needs of mid-level health workers.
3. Develop a continuing education plan and provide continuing education for mid-level health workers.
4. Take part in a discussion of the continuing education exercise.
5. Take part in a discussion summarizing what you have learned about continuing education.

10.1 WHAT IS CONTINUING EDUCATION?

Continuing education is training that mid-level health workers receive after they have graduated. Continuing education is the way a supervisor passes his knowledge and skills to mid-level health workers. Every supervisor provides continuing education; therefore he needs training skills.

Continuing education has three goals. These are:

- To maintain mid-level health workers' knowledge and skills
- To improve mid-level health workers' knowledge and skills
- To teach mid-level health workers new knowledge and skills

This training program is part of your continuing education.

10.2 WHY IS CONTINUING EDUCATION IMPORTANT?

Continuing education is important to mid-level health workers for many reasons. First, continuing education improves job performance. Second, it teaches mid-level health workers about new knowledge and skills. Third, continuing education motivates mid-level health workers through an improved job performance and a greater leadership role at the health center and in the community. Fourth, and perhaps most importantly, continuing education develops a commitment to training. Mid-level health workers who receive continuing education themselves tend to provide continuing education to members of their health team.

Continuing education is important to supervisors because it improves the job performance of mid-level health workers and thereby improves the quality of health services. Continuing education is one of the supervisor's best tools for motivating mid-level health workers. Furthermore, a mid-level health worker who is improving his skills is a credit to his supervisor.

10.3 FUNDAMENTAL PRINCIPLES OF TRAINING

Continuing education involves training of mid-level health workers. You can apply five fundamental principles of training in almost all continuing education situations.

Tell Mid-Level Health Workers Why They Must Learn the Subject

If a mid-level health worker does not understand the purpose of the training, he may not make a genuine effort to learn. Explain the usefulness of learning the subject that you intend to teach. Emphasize the practical advantages of the training.

Give Mid-Level Health Workers an Opportunity to Learn in the Best Way

Each mid-level health worker has different abilities and talents. Each will learn things in different ways and at different speeds. For example, a skill that one mid-level health worker learns easily may be difficult for another mid-level health worker. Structure the learning so that each mid-level health worker learns in the way best suited to his abilities.

Let Mid-Level Health Workers Proceed Step-by-Step

Start a mid-level health worker in a learning sequence at a point that is easiest for him. When he has mastered the first step, teach him progressively more difficult steps until he has mastered the skill. People learn better when they proceed step-by-step for three reasons.

First, most skills are easy to understand and learn if you break them into parts and explain one at a time, step-by-step. Complex skills such as those needed by mid-level health workers are best taught this way.

Second, the student will feel comfortable reviewing something that he knows before learning something new. Adult students such as mid-level health workers will want to know how they will apply the new knowledge or skill.

Third, mastering one step motivates the learner to go on to the next step.

Allow Repetition and Practice

Few mid-level health workers will master a new skill in only one session. Most will need to practice the same skill to learn it. Ask the mid-level health workers to practice new skills on their own and then repeat them while you observe. Observation is the only sure way to know whether a mid-level health worker has mastered a skill.

Provide Feedback

A mid-level health worker, in continuing his training, must know whether he is performing correctly or not. When he performs well, tell him so. Then he will continue to perform correctly. When he makes a mistake, tell him so. Then he knows what he is doing wrong and can correct it. He may practice the wrong action over and over again if he is not soon corrected.

10.4 HOW ARE CONTINUING EDUCATION NEEDS DETERMINED?

What influenced you to take part in this continuing education course? Did you decide that you needed to improve your knowledge and skills, or did a supervisor decide you should improve your knowledge and skills?

If you decided, yourself, then you acted on a need you saw or felt. This is one way to determine a continuing education need: you see the need in yourself. Whenever possible, help mid-level health workers determine their own continuing education needs. Tell them about training courses that are available. Support their requests to attend continuing education courses.

If a supervisor recommended this course to you, he most likely acted on an evaluation of your work and skills. He saw that this course would help you advance in your work. This is the second way to determine a continuing education need by evaluation.

Of the two ways to determine a continuing education need, seeing the need in yourself is better than waiting for someone to see the need in you. People who take continuing education classes will do best when they see how the training will help them improve and advance. That is,

they will see the need in themselves. Through participative leadership, you can help mid-level health workers see their own continuing education needs.

10.5 PROVIDING CONTINUING EDUCATION

Once you have determined a continuing education need, select the best method for providing the training. Some of the methods used to provide continuing education include:

- Demonstrations

- Self-instruction

- Radio broadcast

- Two-way radio communication

- Newsletter

- Movies, slides, or other visual presentations

- Short courses carried out in the community, health center, or district hospital

- Seminars at district, regional, or national levels

The method you select will depend on the type of continuing education needed, the number of mid-level health workers involved, the time and resources available to the supervisor, and many other factors.

The selection of continuing education methods, resource assessment, production of continuing education materials, and how to actually provide continuing education for mid-level health workers is discussed in the Continuing Education Manual. Read the Continuing Education Manual before proceeding to Exercise 24.

EXERCISE 23

Evaluating Your Training

TRUE (T) or FALSE (F)

- _____ This course has helped me to maintain my supervisory knowledge and skills.
- _____ This course has helped me to improve my supervisory knowledge and skills.
- _____ This course has taught me new knowledge and skills which will help me to better supervise and support mid-level health workers.

If you answered "True" to all three statements, this probably has been a successful continuing education course.

EXERCISE 24

Providing Continuing Education for Mid-Level Health Workers

A supervisor must be able to provide continuing education for mid-level health workers. In this exercise, you will work with mid-level health workers to determine their continuing education needs, and then provide the continuing education to meet those needs. Note that the steps in this exercise will take place over three months.

STEP 1

Spend one month supervising mid-level health workers. Assess their continuing education needs. Decide what methods you are going to use to meet their continuing education needs.

STEP 2

Meet with your instructor. Explain the continuing education needs you have identified and the continuing education methods you have decided to use. With your instructor, make a continuing education plan for the next two months. The plan should list the:

- Type of continuing education you will provide

- Resources you will need to provide the continuing education

- Schedule for providing the continuing education

STEP 3

Spend two months providing continuing education according to the plan you worked out with your instructor. Consult with your instructor during the two months, if you need advice or assistance.

STEP 4

At the end of two months, meet with your instructor. Review your progress in providing continuing education for mid-level health workers. Also, review the entire three-month exercise and summarize what you have learned about continuing education.

**SUPERVISING AND SUPPORTING
MID-LEVEL HEALTH WORKERS**

The MEDEX Primary Health Care Series

**SUPERVISING AND
SUPPORTING MID-LEVEL
HEALTH WORKERS**

Instructor's Manual

© 1983

Health Manpower Development Staff
John A. Burns School of Medicine
University of Hawaii, Honolulu, Hawaii, U. S. A.

Library of Congress Catalog Card No. 83-80675

First Edition

Printed in U. S. A.

Any parts of this book may be copied or reproduced for non-commercial purposes without permission from the publisher. For any reproduction with commercial ends, permission must first be obtained from the Health Manpower Development Staff, John A. Burns School of Medicine, University of Hawaii, 1960 East-West Road, Honolulu, Hawaii 96822.

FUNDED BY THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT CONTRACT NO. DSPE-C-0006. The views and interpretations expressed are those of the Health Manpower Development Staff and are not necessarily those of the United States Agency for International Development.

TABLE OF CONTENTS

SCHEDULE	7
INTRODUCTION	11
TEACHING PLAN FOR UNIT 1	
Teaching Plan 1 – Discovering Expectations	13
TEACHING PLAN FOR UNIT 2	
Teaching Plan 2 – Introduction to Supervision	15
TEACHING PLAN FOR UNIT 3	
Teaching Plan 3 – Leadership and Team Building	21
TEACHING PLAN FOR UNIT 4	
Teaching Plan 4 – Communicating with Mid-Level Health Workers	27
TEACHING PLAN FOR UNIT 5	
Teaching Plan 5 – Grievances and Disciplinary Problems	31
TEACHING PLAN FOR UNIT 6	
Teaching Plan 6 – Making Supervisory Decisions	35
TEACHING PLAN FOR UNIT 7	
Teaching Plan 7 – Planning and Evaluation for Supervisors	41
TEACHING PLAN FOR UNIT 8	
Teaching Plan 8 – Using a Checklist to Supervise Mid-Level Health Workers	48

TEACHING PLAN FOR UNIT 9

Teaching Plan 9 - Evaluating Performance and Motivating Mid-Level Health Workers	57
---	----

TEACHING PLAN FOR UNIT 10

Teaching Plan 10 - Continuing Education	70
---	----

APPENDIX

Pretest and Posttest for Supervising and Supporting Mid-Level Health Workers Module	73
--	----

SCHEDULE

SUPERVISING AND SUPPORTING MID-LEVEL HEALTH WORKERS

DAY 1	DAY 2	DAY 3	DAY 4
Pretest Introduction to Supervising and Supporting Mid-Level Health Workers module Teaching Plan 1: Discovering Expectations Teaching Plan 2: Introduction to Supervision	Teaching Plan 3: Leadership and Team Building	Teaching Plan 5: Grievances and Disciplinary Problems	Teaching Plan 6: Making Supervisory Decisions
	Teaching Plan 4: Communicating with Mid-Level Health Workers	Teaching Plan 6: Making Supervisory Decisions	Teaching Plan 6: Making Supervisory Decisions
Teaching Plan 2: Introduction to Supervision			

DAY 5	DAY 6	DAY 7	DAY 8
Teaching Plan 7: Planning and Evaluation for Supervisors	Teaching Plan 7: Planning and Evaluation for Supervisors	Teaching Plan 7: Planning and Evaluation for Supervisors	Teaching Plan 8: Using a Checklist to Supervise Mid-Level Health Workers
Teaching Plan 7: Planning and Evaluation for Supervisors	Teaching Plan 7: Planning and Evaluation for Supervisors	Teaching Plan 7: Planning and Evaluation for Supervisors	Teaching Plan 8: Using a Checklist to Supervise Mid-Level Health Workers

DAY 9	DAY 10	DAY 11	DAY 12
Teaching Plan 8: Using a Checklist to Supervise Mid-Level Health Workers	Teaching Plan 8: Using a Checklist to Supervise Mid-Level Health Workers	Teaching Plan 9: Evaluating Performance and Motivating Mid-Level Health Workers	Teaching Plan 9: Evaluating Performance and Motivating Mid-Level Health Workers
Teaching Plan 8: Using a Checklist to Supervise Mid-Level Health Workers	Teaching Plan 8: Using a Checklist to Supervise Mid-Level Health Workers	Teaching Plan 9: Evaluating Performance and Motivating Mid-Level Health Workers	Teaching Plan 10: Continuing Education Posttest

Introduction

Supervising and Supporting Mid-Level Health Workers is a continuing education module. Use it to prepare experienced mid-level health workers to become supervisors of other mid-level health workers. The module assumes that the mid-level health workers selected for training as supervisors will have demonstrated their competence in clinical, maternal and child health, community health, and health center management skills.

You can also use this module to train other health workers to supervise mid-level health workers. However, these other health workers must be competent in the technical skills of a mid-level health worker trained under the basic mid-level health worker training program. If they are not, they will need remedial training before beginning this module.

This module is structured as a three-month course for a class of five mid-level health worker supervisors. However, it is written in a way that allows you to adapt it to many situations. For example, you can organize the units into a three-month course for a class of new supervisors of mid-level health workers. You can teach the units in a series of training workshops for ministry of health personnel already supervising mid-level health workers. You can also teach the module unit-by-unit on a personal basis. Students can use the module for self-instruction, but they will not have an opportunity to take part in the exercises.

Adapt the practical exercises in this module to the students' own experiences. This will help them develop insights into their supervisory problems and identify possible solutions to their supervisory problems.

This module emphasizes interpersonal skills. Supervisors provide technical advice, but one of the basic assumptions of this module is that participants are already technically qualified and competent to supervise mid-level health workers. If they are not, they will need remedial training before beginning this module.

A pretest and posttest will measure changes in the supervisory attitudes and skills of participants. If possible, administer the questionnaire a day before beginning the module. This will give you time to tabulate

the scores and understand what supervisory knowledge and skills students already possess. Then you can tailor the module to meet the needs of the participants.

Teaching Plan 1

Discovering Expectations

OBJECTIVES	<ol style="list-style-type: none">1. Identify students' expectations for the Supervising and Supporting Mid-Level Health Workers module.2. Clarify the roles and responsibilities of both instructors and participants.
METHODS	Written exercise, discussion
MATERIALS	Student Text- Unit 1, Exercise 1
PREPARATION	Make copies of Exercise 1 in the Student Text.

TIME: 1 hr

LEARNING ACTIVITIES

1. Hand out Exercise 1. Ask students to answer the questions and return them to you before the first session. Study the answers carefully to prepare for the discussion session. 15 min
2. Lead a discussion of students' expectations. Write some of the expectations on the chalkboard. 45 min
Relate expectations to the module's contents. Point out expectations that are realistic and those that are not. Be willing to negotiate on some of the expectations.
This kind of discussion fosters involvement and participation. Use this exercise as a tool for negotiating roles and course objectives. You and the students may have different expectations. Agree on expectations now to improve benefits of the course.
To relate your discussion of students' expectations to this course, discuss the idea of change. Point out that the expectations suggest that students want to improve the

way they supervise mid-level health workers. This means a change in their supervisory behavior. Ask the students, “How many of you want an improvement in the way you supervise people? How many want to change?”

Explain that most people resist change. They do not like change. Ask the group why people do not like change. Summarize the answers on the board.

Ask again, “How many of you want to change the way you act as supervisors?” Ask for a show of hands. Explain that by raising their hands students are making a commitment to changing. The purpose of this course is to change their supervisory behavior.

To further clarify expectations, explain the kind of training you will use. Explain that students’ participation is required. Describe the emphasis on learning new skills rather than new ideas.

Teaching Plan 2

Introduction to Supervision

OBJECTIVES	<ol style="list-style-type: none">1. Identify students' attitudes toward health workers2. Describe how attitudes influence a supervisor's leadership style.3. Help students recognize and use authoritarian and participative leadership styles4. Help students develop guidelines for using authoritarian and participative leadership styles.
METHODS	Questions, written exercises, role-play, discussion
MATERIALS	Student Text– Unit 2; Exercises 2, 3, 4, and 5
PREPARATION	Remind students to read Unit 2. Note points to cover during a discussion. Prepare copies of Exercise 2.

TIME: 6 hrs 45 min

LEARNING ACTIVITIES

1. Give students Exercise 2. Ask them to complete it and return it to you before the discussion session. To prepare for the discussion, study the students' responses. Note authoritarian and participative attitudes. 15 min
2. Discuss the material in Unit 2 of the Student Text. 1 hr
What Is a Supervisor?
Emphasize that supervisors work through other people to get a job done. Therefore, a supervisor depends on others for his own success.

Why Is Supervision Important?

The quality of health care provided by mid-level health workers largely depends on the quality of their supervision.

What Skills Do Supervisors Need?

After discussing the three categories of skills in the text, emphasize the importance of interpersonal skills. Relate this to a supervisor's need to get along with people because he depends on them for his own success. Explain that one of the goals of this course is to help students improve their interpersonal skills.

Characteristics of Effective and Ineffective Supervisors

Ask students to describe the characteristics of effective and ineffective supervisors. Almost everyone will have had experiences with both types.

Have students define the supervisory functions of the mid-level health worker supervisor. List them on the chalkboard. Ask them to describe the two basic approaches to these supervisory functions. Put this on the chalkboard. Read and discuss one item at a time from the list of authoritarian and participative attitudes.

Now say, "Let's look at your responses on the attitudes questionnaire, Exercise 2."

Go to the questionnaire. Put the results up on the chalkboard, arranging adjectives in columns under Authoritarian and Participative headings. Look at the attitudes about supervisors compared to mid-level health workers. The point you want to make is that attitudes lead to actions. That is why participants need to understand their attitudes.

Leadership Styles

This topic can be difficult to teach. Supervisors need more than one leadership style, because people and situations are different. Remind students that supervisors work through people. A supervisor of mid-level health workers must adapt his leadership style to meet the needs of different mid-level health workers to achieve maximum effectiveness.

TIME

He does not do this to be a nice person. He does it to increase effectiveness. He can get some mid-level health workers to work better if he uses an authoritarian style and he can motivate other mid-level health workers by using a participative style. Some situations require an authoritarian style for effectiveness and others require a participative style. A good supervisor is interested in effectiveness, not in one leadership style or the other.

You want the students to learn how to use the styles and when to use the styles. Answer any questions about the idea of changing styles to adapt to a mid-level health worker's needs. Ask them how they would like to be supervised. Bring out the irony that most people like to supervise others with an authoritarian style but like to be supervised with a participative style. Responses on the attitudes questionnaire will usually show this distinction.

Explain the two leadership styles. Explain what "effective" and "ineffective" mean. Students must understand these terms to do the exercises. Explain the four leadership styles. Two are effective and two are ineffective.

3. EXERCISE 3 - Recognizing Leadership Styles

1 hr

This exercise gives students practice in recognizing leadership styles. Give students thirty minutes to read the three case studies and answer the questions.

Now take thirty minutes to discuss the case studies. The questions have no correct answers. Avoid giving your own answers to the questions. Instead, encourage the students to struggle with the questions. The more they struggle, the more they will learn. Your task is to ask the right questions and to guide the discussion. If someone says the mid-level health worker supervisor in the first case study is an effective authoritarian leader, do not say, "No, he is not." Instead, review the characteristics of an effective authoritarian leader. Help students follow through on an idea systematically. This is the point of the exercise. If someone says that Dr. Asi in Case Study 2 should be a participative supervisor, then ask what that would be like. Ask how that style would respond to the needs of Sione. How would it affect Sione's effectiveness?

Remember, in the end, the supervisor wants to be effective in getting the work done. Ineffective styles cannot be a solution in any of the case studies. But an ineffective style may be a description of a supervisor’s present style, such as in Case Study 1.

4. EXERCISE 4 – Using Leadership Styles

1 hr

This exercise gives students practice in using both authoritarian and participative leadership styles. Give participants thirty minutes to read the three situations and write appropriate authoritarian and participative responses.

30 min

Now take twenty minutes to discuss the responses to the three situations.

The point of this part of the exercise is to better understand each style. Some responses will be more creative and better than others. Look for the best responses to use in the discussion, but do not criticize the poor responses.

Now take forty minutes to role-play the three situations so participants will get some practice using both authoritarian and participative styles. The atmosphere should be experimental and non-threatening. Follow each role-play with a brief discussion of how the participants played their roles.

5. EXERCISE 5 – Developing Guidelines for Using Leadership Styles

3 hrs

This exercise gives students an opportunity to develop a set of guidelines for using either an authoritarian or a participative leadership style. Give students thirty minutes to describe the best suited leadership style for each supervisory function listed on the worksheet.

Now take forty-five minutes to discuss the responses on the worksheets. Emphasize that the participative style generally is the most appropriate for supervisors of mid-level health workers. Give examples of where a more authoritarian style might be needed. For example:

SUPERVISORY FUNCTION	SITUATION REQUIRING AUTHORITARIAN STYLE
1. Planning work	A supervisor plans an emergency immunization campaign when

TIME

- | | |
|---|---|
| | flooding causes an outbreak of typhoid in the district. He sends instructions to mid-level health workers, telling them to give full time to the campaign. |
| 2. Carrying out work | A supervisor comes upon the scene of an automobile accident. He sends the driver to bring a mid-level health worker and begins giving first aid. When the mid-level health worker arrives, the supervisor tells him what to do. |
| 3. Evaluating work | A supervisor fills out and submits routine reports on the primary health care program without consulting mid-level health workers. |
| 4. Providing technical advice | There is a right way and wrong way to do clinical skills. Supervisor tells mid-level health workers the right way to perform clinical skills. |
| 5. Handling grievances and disciplinary problems | A mid-level health worker requests two months leave to take care of personal business. He is angry when his request is denied. He threatens to take off two months anyway. The supervisor explains ministry of health leave policies and consequences of taking unauthorized leave. |
| 6. Evaluating performance and motivating mid-level health workers | A mid-level health workers shows no improvement after many counseling sessions with his supervisor. The supervisor warns the mid-level health worker to work harder or face temporary suspension. |
| 7. Continuing education | Supervisor demonstrates a new clinical procedure and monitors a mid-level health worker's progress in learning it. |

In discussing guidelines, ask the students to think of situations which require different leadership styles. Students must understand that the point is not to follow rigid guidelines, but to apply the appropriate leadership styles to supervisory situations.

Now ask students to use a new worksheet and sum up what they have learned in Unit 2 by writing out their own guidelines for using leadership styles. Encourage participants to refer back to the text and to the worksheets. Allow thirty minutes for this part of the exercise; then spend approximately fifteen minutes with each student reviewing his guidelines. Remind students to keep these guidelines for reference after they return to their jobs.

Teaching Plan 3

Leadership and Team Building

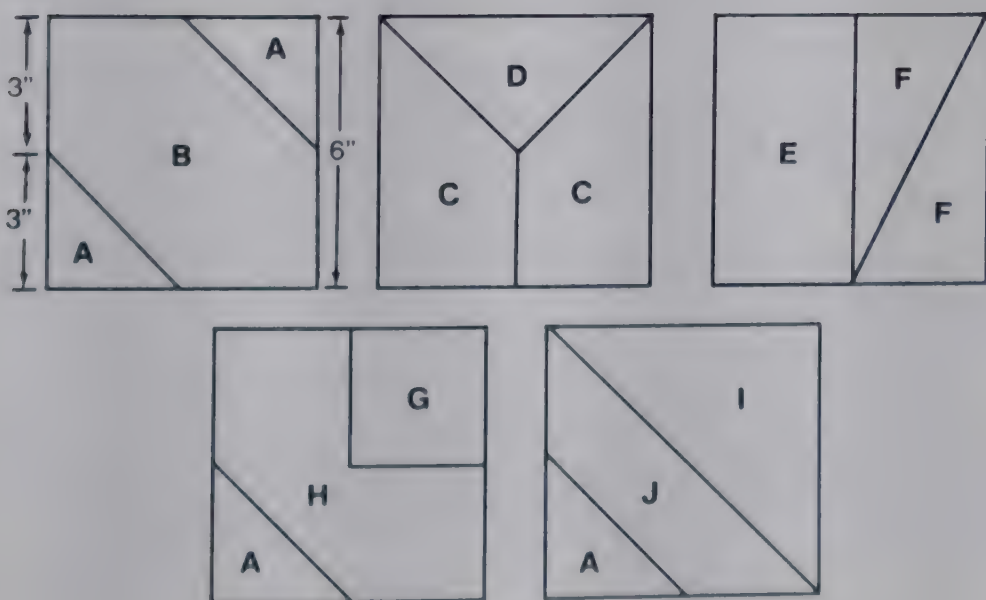
- OBJECTIVES**
1. Improve students' understanding of how groups work and how to improve the way they work in groups
 2. Teach students how to begin building a team with a group of mid-level health workers

METHODS Written exercise, team exercise, role-play, discussion

MATERIALS Student Text- Unit 3, one set of Broken Squares pieces for five persons

PREPARATION Remind students to read Unit 3 of the Student Text and to complete Exercise 6. Read the text and note points you wish to cover during the discussion periods.

Prepare the Broken Squares game materials. Check these materials and put them into envelopes before the session begins. Make a complete set of Broken Squares for a group of five players. A set of Broken



Squares has fifteen pieces. Use the diagram and instructions below to make a set of six-inch by six-inch cardboard cards.

To make the broken squares, first cut the cardboard into six-inch squares. Draw lines on the squares making three pieces as shown in the diagram. Label the pieces as shown. Now, cut each square into its three pieces. All pieces marked with the same letter should be the same shape and size.

Now, number five envelopes one to five. Each envelope will contain specific pieces.

PUT PIECES LETTERED:	INTO ENVELOPE NUMBERED:
I, H, and E	1
A, A, A, and C	2
A and J	3
D and F	4
G, B, F, and C	5

Put the five envelopes into one large envelope. You will give the team this large envelope with five smaller envelopes inside.

TIME: 4 hrs 15 min

LEARNING ACTIVITIES

1. Lead a discussion of the material in Unit 3 of the Student Text.
- 1 hr

Who Is a Leader?

Point out that leaders are recognized and accepted by their followers. To become leaders, supervisors must gain respect and acceptance from mid-level health workers. Relate this process of gaining acceptance to a participative leadership style.

How Leaders Get Authority

A certain amount of formal authority comes with the supervisory position. However, earned authority is the real basis of a supervisor's ability to supervise mid-level

TIME

health workers. Authority carries with it responsibility, and supervisors must use it wisely. Wisely usually means sparingly. The wise supervisor uses the minimum amount of authority necessary to get a job done. A supervisor's authority is always changing. If he uses it responsibly, he gains more. If he uses it irresponsibly, he loses it. The more authority a supervisor earns, the easier his job becomes. Point out the apparent paradox that the more authority a supervisor has, the less he has to show it.

How Leaders Build Teams

Introduce the concepts of team and teamwork. Supervisors lead a team of mid-level health workers. Discuss the role of a team leader. The leader is not the most important member of a team. Use the analogy of the human body. Which is more important, the brain or the heart? Neither. Both must work together to sustain life. Leaders and followers must work together to sustain a team.

Ask the students to look at Exercise 6. Go over the questions. Ask students to describe appropriate group behavior for a team leader. Relate the items on the questionnaire to a participative leadership style. Tell the students they will have an opportunity to practice working in a group later in this session.

Emphasize that groups do not automatically become teams. Time, effort, encouragement, and support from the supervisor builds a team. Point out the close relationship between a participative style and team building.

- | | |
|---|--------|
| 2. EXERCISE 7 – Broken Squares | 1 hr |
| This exercise will give students practice working in a group. They will understand how groups work and how they work in groups. | 15 min |

Begin the Broken Squares exercise with five participants. Assign a sixth person to act as an observer. You may be the observer if another is not available.

Introduce the exercise by explaining that the game they are about to play is a learning experience that will be discussed later. Pass the large envelope with the five smaller envelopes inside to the team. Tell the participants, "Each

member of your team has pieces of cardboard in an envelope. When I say 'begin,' form five perfect squares of equal size with the separate pieces. Your task will not be complete until each of you has in front of you a perfect square the same size as those before the other four players on the team. Here are the rules of the game:

Team members may not speak

Team members may not signal others to give them a piece of paper

Team members may, however, give pieces of paper to other players on their team

You have twenty minutes to solve the puzzle. The observer will watch to be sure that team members observe these rules."

Write these rules on a chalkboard or paper where everyone can read them.

Start the game. The observers must make sure that team members follow the rules while playing the game. Allow twenty minutes for the team to work on the puzzle.

Now lead a discussion about the exercise. Use these questions to stimulate discussion:

"Who was willing to give away pieces of the puzzle?"

"Did anyone finish his puzzle and then separate from the rest of the group?"

"Did anyone struggle with the pieces but refuse to give any or all of them away?"

"Was anyone in the group frustrated?"

"Did the group begin to cooperate at any critical point?"

"Did anyone try to break the rules by talking or pointing?"

Ask students and especially the observer to comment on each of these questions.

Discuss the lessons about teamwork learned during this exercise. How did players feel when someone could not do his job? Did anyone get angry? Did any player make his own square and then turn away, content with his work? Did anyone try to understand other team members' problems and help them with their task?

TIME

Now discuss the more general lessons about teamwork learned during this exercise. Use these questions to stimulate discussion:

“Is the problem a collection of individual problems or is it a group problem?”

A group problem

“Is the problem solved if three of the five team members finish their work?”

No

“Is helping others work on their problem important?”

Very important

“What happens if you ignore another person’s problem?”

The group fails and therefore you fail

“What happens if you do not share your pieces with others?”

The group fails

“How do you think a team member feels when you get angry and show you are not pleased?”

Hurt, unhappy, and possibly embarrassed

“What happens to the team when one person finishes and stops working on the team problem?”

The team is handicapped by the loss of a member.

Now relate the discussion of teamwork to the mid-level health worker team. Discuss how each member of a team must understand the problems of other members if he wants to solve his own problem. Discuss the need for cooperation. Point out that team cooperation depends on each member of the group understanding the objectives, organization, and rules of the team.

3. EXERCISE 8 – Team Building

1 hr

This exercise gives students practice in building a team with a group of mid-level health workers.

30 min

Give students fifteen minutes to prepare a written outline of the points they wish to cover on their first meeting as supervisor with a group of mid-level health workers. Each

student works alone, but encourage them to refer to the text while preparing the outline.

Form a group for role-playing. Ask the student playing the supervisor's role to start. Observe the role-play, but do not interrupt. You will be able to use your observations during the discussion period following the role-play. Let the role-play continue for ten minutes.

After ten minutes, stop the role-play. Have the group discuss whether the supervisor was successful in beginning a team building process. Discuss the points covered by the supervisor. Did he cover all the points? Did he explain them clearly? Did he use a participative style? By his attitude and manner, did he encourage group participation?

Repeat the role-play until each participant has had an opportunity to play the supervisor. Subsequent role-plays should incorporate the suggestions made during the discussion periods.

4. SUMMARY of Unit 3

30 min

To summarize what participants have learned in this unit about leadership and team building, ask them to recall their own personal experiences of working in groups. Have them describe and compare groups that did function as a team versus groups that did not function as a team. How did the leaders of these groups act? Were they supportive, self-confident, and positive in their attitudes? Did they have formal and earned authority? What type of leadership style did they use most of the time? Were they effective team leaders? If yes, why? If no, why not? Be sure that participants understand that as supervisors, they are leaders responsible for transforming a group of mid-level health workers into a team, and then leading that team.

Teaching Plan 4

Communicating with Mid-Level Health Workers

- OBJECTIVES**
1. Help students improve their understanding of communication and demonstrate the benefits of two-way communication over one-way communication.
 2. Improve students' ability to listen carefully and with understanding.

METHODS Written exercise, listening exercise, discussion

MATERIALS Student Text– Unit 4, diagrams of two sets of squares

PREPARATION Remind students to read Unit 4 of the Student Text. Read the text and note points you wish to cover in the discussion.

Obtain several short articles to read during the active listening exercise.

TIME: 3 hrs

LEARNING ACTIVITIES

1. Lead a discussion of the material in Unit 4 of the Student Text 45 min

What Is Communication?

Communication is sharing or exchange of information. The ultimate purpose of communication is to change behavior, making mid-level health workers more effective. Supervisors communicate to improve the way mid-level health workers do their work.

One-Way and Two-Way Communication

Make the distinction between the kinds of communication

clear. Give examples of both. Focus on two-way communication. Emphasize the responsibility of the sender to demand feedback and the receiver to give it freely. Relate two-way communication to a participative style.

Listening Is the Key to Effective Communication

Explain why active listening is called the secret of effective communication. Emphasize that active listening is a skill that improves with practice.

Problems in Communication

Discuss briefly each of the problems. Ask students to give examples of communication problems from their

2. EXERCISE 9 – One-Way and Two-Way
Communication

1 hr

This exercise gives a practical demonstration of one-way and two-way communication. Students can compare them and see first hand that two-way communication is more effective.

Begin by seating students so that they will not be able to see each other's drawings. Give each student two sheets of paper. Ask them to label one sheet Diagram A and the other Diagram B.

Tell participants you will give them directions for drawing a series of squares. Instruct participants to draw the squares exactly as you tell them on the paper labeled Diagram A. Students may not ask questions during this part of the exercise.

Study the arrangement of squares in Diagram A. Turn your back to the participants and beginning with the top square, describe each one as you go down. Explain the relationship between the squares as quickly and as accurately as you can. Take about ten minutes for this part of the exercise.

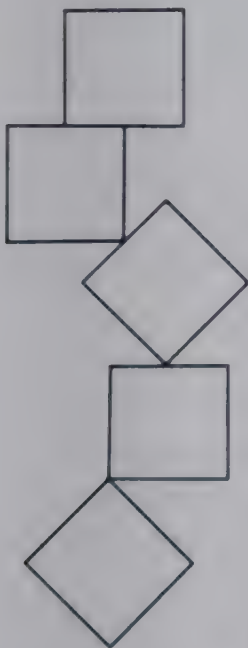
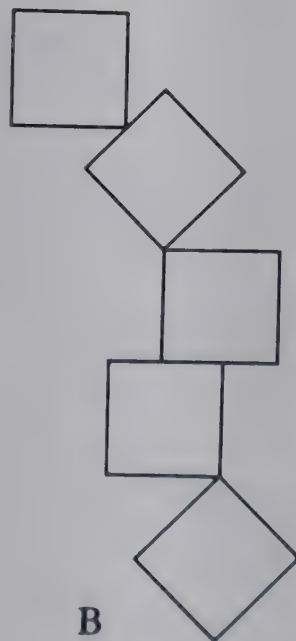
Now repeat the exercise with the following modifications. Use Diagram B. Face the participants and allow them to ask questions. In fact, tell the students they must ask questions

TIME

when they do not understand the directions. Participants should use the paper labeled Diagram B. Take about ten minutes for this part of the exercise or longer if students ask many questions.

Now show the students the actual diagrams for the two sets of squares. Students then count the number of squares they have drawn correctly. Compare the number of correct squares for Diagram A versus Diagram B.

Lead a discussion of this exercise. The first part was one-way communication and the second part was two-way communication. Ask students how they felt. Which communication style made them feel more tense, frustrated, or confident? Which style was easier for the instructor? For students? Which style took more time? Which produced the most number of correct squares? Which style was most effective? Two-way communication takes more work and it often takes more time. But it is more effective. Relate this exercise to communication between mid-level health workers and their supervisors.

**A****B**

3. EXERCISE 10 - Active Listening

45 min

This exercise will improve students' ability to listen carefully and remember what they hear. Active

listening requires concentration, so conduct the exercise in a quiet place.

Begin the exercise by reading a short article from a book or newspaper. Take about three minutes. Select an article with a number of details and perhaps even some statistical information. Tell the students to listen carefully to what you are reading.

When you finish reading the article, ask a student to repeat in detail what you have read. Correct him if he makes mistakes. Also add whatever he leaves out. Be sure to correct personal interpretations and distortions.

Repeat the exercise several times to give students practice in active listening. Read longer articles to make the exercise more challenging.

Lead a discussion of this exercise. What problems did the students have? Point out that listening requires full attention and concentration. Relate active listening to two-way communication and a participative style. Suggest that students practice active listening in their daily contacts with people. One technique is to listen carefully and repeat briefly what the other person says before giving a response. In other words, the participant would listen carefully and start his response with, "I understand you to be saying..." If the person agrees, the communication is completed on the basis of agreement. You may ask students to practice this technique by using it now.

4. SUMMARY of Unit 4

30 min

To summarize what students have learned in this unit about communication, ask them to recall their own personal experiences of communication problems. Have them describe and analyze situations in which they found communication difficult and then describe and analyze persons with whom they have difficulty communicating. Is a failure to listen carefully at the root of some of these problems? Ask students to give specific examples of recent communication failures, even during this course. Recent examples always improve understanding.

Teaching Plan 5

Grievances and Disciplinary Problems

OBJECTIVES	<ol style="list-style-type: none">1. Improve students' understanding of grievances and disciplinary problems2. Improve students' ability to handle grievances and disciplinary problems
METHODS	Role-play, discussion
MATERIALS	Student Text- Unit 5
PREPARATION	Remind participants to read Unit 5 in the Student Text. Read the text and note points you wish to cover during the discussion.

TIME: 3 hrs

LEARNING ACTIVITIES

1. Lead a discussion of the material in Unit 5 of the Student Text. 30 min

Causes and Prevention of Grievances and Disciplinary Problems

Discuss each cause of grievances and disciplinary problems and ask students to give examples from their own experience. Focus on the last cause, lack of proper supervision. Point out that supervisors cause many grievances and disciplinary problems. The best prevention is for supervisors to improve their supervisory skills. Ask students to describe how a participative style helps to prevent grievances and disciplinary problems.

How to Handle Grievances

Prevention is the best way to handle grievances. Review the guidelines given in the Student Text and make sure students understand the rationale for each. Emphasize

the importance of compromise. Compromise is not a sign of weakness. Avoid confrontations when handling grievances and disciplinary problems. Point out that supervisors should rely on informal rather than formal grievance and disciplinary procedures. However, emphasize the importance of keeping written records of how grievances and disciplinary problems were handled. Distinguish between punishment and correction. Punishment is a natural response to poor behavior. Punishment may stop poor behavior, but it usually is not a permanent solution to disciplinary problems. At best, punishment will give a temporary improvement.

Supervisors are concerned with improving mid-level health workers' performance and getting the best from them. Point out the necessity of separating personal feelings from professional responsibility as a supervisor. Effectiveness of mid-level health workers comes from correction of poor behavior. This means a supervisor must understand mid-level health workers and be their advisor and helper. This does not mean that the supervisor is supposed to be nice to mid-level health workers when they behave poorly. It does mean that he must try to understand the reason for the behavior, what the rules and regulations are, and what corrective action would be the most constructive in the particular situation. Point out that making decisions about discipline is similar to making decisions about which leadership style to use. The situation determines which approach is best.

Link two-way communication and active listening to handling grievances and disciplinary problems. Also, discuss the advantages of a participative style in such situations.

Supervisors, Grievances, and Disciplinary Problems

Handling grievances and disciplinary problems is unpleasant for most people. It involves criticism. Most people do not enjoy being critical or being criticized. Point out the difference between constructive and destructive criticism. Positive discipline is constructive. It aims to improve, not to punish.

TIME

Supervisors must settle grievances and handle disciplinary problems, not pass them on to a superior. Discuss the negative consequences of passing on problems without first making a genuine effort to solve them.

Discuss the contradiction in the support role and the discipline role for supervisors. Relate this to the supervisor's position "in the middle," as discussed in Unit 2. Ask students to explain how they plan to handle this dual role.

2. EXERCISE 11 – Handling Grievances and Disciplinary Problems

2 hrs

This exercise gives students practice in handling grievances and disciplinary problems.

Begin the exercise by asking each student to think of a serious grievance and serious disciplinary problem which he has encountered in his job as supervisor. Give students ten minutes to recall the details of the grievance and the disciplinary problem and prepare for the role-plays.

Form pairs for the role-plays. Begin the first role-play. The student playing the role of the mid-level health worker explains his grievance to the student playing the role of the supervisor. Stop the role-play after ten minutes. Ask students to switch roles. Begin the second role-play and let it continue for ten minutes.

After both role-plays are completed, have the participants discuss the exercise. Was playing the role of the mid-level health worker difficult? If yes, why? Did it help participants understand the grievances of their mid-level health workers? Did supervisors have difficulty playing their roles? Did they follow the guidelines in the text for handling grievances? Were the supervisors successful in handling the grievances? Did they discover the real causes of the grievances? Could these grievances have been prevented?

Now do two more role-plays, this time using the disciplinary problems. One participant plays the role of a supervisor who explains a serious disciplinary problem to the ministry of health personnel officer. The personnel officer should offer advice on how to handle it. Stop the

role-play after ten minutes and ask the participants to switch roles. Begin the second role-play and let it continue ten minutes.

After both role-plays are completed, have participants discuss the exercise. What were the causes of the disciplinary problems? Could these problems have been prevented? How? Complete the discussion of the role-plays by asking whether or not the personnel officer offered good advice to the supervisor.

3. SUMMARY of Unit 5

30 min

To summarize what students have learned in this unit about grievances and disciplinary problems, ask them to recall their own personal experiences of handling grievances and disciplinary problems. Discuss successes and failures. Focus the discussion on the disruption caused by a supervisor's failure to recognize and deal with grievances and disciplinary problems. Ask students to give examples of how their own grievances are handled by the ministry of health. Discuss the rationale for formal grievance and disciplinary systems and how supervisors can make these systems work better.

Teaching Plan 6

Making Supervisory Decisions

OBJECTIVES	<ol style="list-style-type: none">1. Improve students' understanding of how decisions are made.2. Improve students' ability to make decisions.
METHODS	Solving a puzzle, written exercise, decision-making exercise, discussion
MATERIALS	Student Text- Unit 6, worksheet for Exercise 12
PREPARATION	<p>Remind students to read Unit 6 of the Student Text. Read the text and note points you wish to cover during the discussion.</p> <p>Prepare copies of the worksheet for Exercise 12.</p> <p>Select appropriate problems for use in Exercise 13.</p>

TIME: 8 hrs

LEARNING ACTIVITIES

1. Lead a discussion of the material in Unit 6 of the Student Text 2 hrs

What Makes a Decision?

Decision-making is making choices among competing alternatives. Ministry of health policies and procedures are established decisions. Supervisors must make original decisions in areas not covered by established policies.

How You Make Decisions

Ask students to give examples of recent decisions they have made, both work-related decisions and personal decisions. How did they make these decisions? Point out that the decision-making process is the same, regardless of the type of decision. However, decisions with important consequences require a more careful and systematic decision-making process.

Steps in Making Decisions

Discuss each of the four steps in sequence. Point out that the boundaries between the steps are not sharp or clear. For example, a supervisor may already be formulating tentative solutions while he is still identifying the problem. Also point out the danger of rushing too quickly to an actual decision without first carefully identifying the problem and considering all the possible alternatives. Steps 1 and 2 require serious thinking. Serious thinking is hard work and supervisors are sometimes tempted to move quickly to Step 3. The result is a poor decision.

Decision-making is probably a supervisor's most important skill. He uses almost all supervisory functions. Make sure participants understand the significance of decision-making in general, and the decision-making process in particular. Everyone makes decisions every day. But supervisors are in a position of responsibility. Their decisions affect many people. Therefore, supervisors must follow a careful, systematic decision-making process to help ensure good decisions.

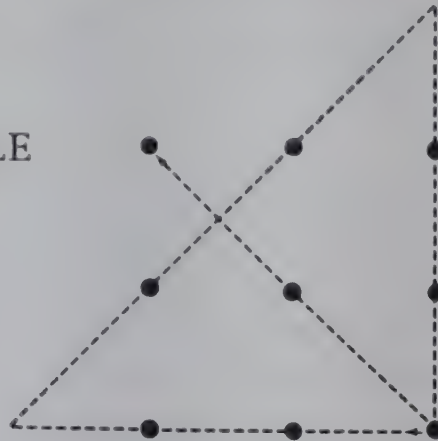
In your discussion of Step 1, emphasize the importance of identifying the real cause of the problem, as opposed to the symptoms of the problem. Also point out that risk is inherent in decision-making. Ask participants how they react to risky situations. Are they willing to accept some risk? If not, they will be uncomfortable in a supervisory position. But following a good, systematic decision-making process minimizes the risk of wrong decisions. This is the incentive for participants to use the decision-making process outlined in this unit.

In discussing Step 2, warn participants that most people have the habit of accepting the first reasonable solution that comes to mind. For an experienced supervisor, the first solution may indeed be the best solution. But in many cases, especially for new supervisors, the first solution is not the best solution. Emphasize that the final decision is only as good as the best alternative. So taking time to identify alternatives is time well spent.

TIME

Briefly discuss the nine-dot puzzle. Use it to demonstrate that identifying alternatives is a creative process. Supervisors can easily become discouraged about the lack of alternatives without having worked through all the possibilities. The nine-dot puzzle shows participants how they must look beyond the standard boundaries and limits to their thinking.

SOLUTION TO
NINE-DOT PUZZLE



Step 3 is the most difficult to explain, so take more time with it. The best alternative is the one that satisfies the supervisor, both objectively and subjectively, as the alternative most likely to solve the problem. Each alternative is based on a specific mix of time, money, personnel, and materials. By selecting one alternative, a supervisor is selecting one resource mix over others. Point out that the best solution is rarely a perfect solution. Each alternative has benefits and problems. Therefore, decision-making involves compromise. Give the example of the tradeoff between time and money: more money, less time; more time, less money.

Point out to students that selecting the best alternative involves their judgment. Good judgment is a complex mixture of objective and subjective reasoning. Caution participants not to rely too heavily on their intuition, feelings, or personal values. Supervisors must make a conscious effort to rely on facts, figures, and other reliable data.

Briefly discuss the “do nothing” alternative. This is a legitimate, and in some cases appropriate, alternative. But caution students that a “do nothing” alternative involves much more risk than a “do something” alternative. For

example, a supervisor faced with a problem looks for a perfect alternative. Not finding a perfect alternative, he decides to do nothing. This supervisor is overcautious because perfect alternatives rarely exist. He should have looked for the best alternative. Suggest that participants select the “do nothing” alternative only when they feel certain that time, alone, will solve the problem. Then point out that time, alone, solves very few problems. Otherwise, there would be no need for supervisors to make decisions and solve problems!

In discussing Step 4, emphasize that implementation and follow-up are essential parts of decision-making. No decision is complete without implementation. Implementation and follow-up are almost always the weakest parts of the decision-making process.

Involving Mid-Level Health Workers in Making Decisions

Ask the students to express their own ideas on individual and group decision-making. Point out the advantages of involving mid-level health workers in decision-making. Effective supervisors must use a mixture of participative and authoritarian styles, just as they must use a mixture of individual and group decision-making.

2. EXERCISE 12 – Neonatal Tetanus Decision

1 hr

This exercise gives students a case study on which they can use the four-step decision-making process they have learned in this unit. Hand out copies of the worksheet for this exercise.

30 min

Begin the exercise by asking students to read the situation and outline their decision-making process on the worksheet. Allow forty-five minutes for this part of the exercise.

Now take forty-five minutes to discuss the outline and relate it to the material covered in the text. Ask students to explain their outlines. Who was included in the process? Was it individual or group decision-making? Discuss how group decision-making could have been used in this situation. Did the student gather sufficient information to identify the cause of the problem? How many alternatives did he formulate? Four alternatives are:

TIME

Immunize pregnant women against tetanus to protect the newborn

Improve newborn intensive care facilities at district hospitals

Train mid-level health workers to recognize and treat tetanus of the newborn

Prevent tetanus of the newborn by improving midwifery services and training traditional birth attendants

What alternative did the student select? Why? Is the student comfortable with his decision? Probably he is not. The exercise is an artificial situation. Not enough information upon which to base a decision is given. Relate this to the issue having enough information to make decisions. Is the implementation and follow-up plan thorough and complete? Is the timetable realistic? Who will be involved? Should those involved in implementation and follow-up have been involved earlier in the decision-making process? Throughout the discussion of this exercise, focus on the process, not the content. Content is important only insofar as it illustrates the decision-making process.

3. EXERCISE 13 – Making a Decision 4 hrs 30 min

This exercise gives students an opportunity to handle a real decision-making situation. This exercise takes place over a period of days or even weeks.

Before carrying out this exercise, ask ministry of health officials for a list of supervisory problems they are now facing. Assign one problem to each participant. Select the type of problem that the student can handle within a short time. Straightforward problems are best. You might use one involving an office procedure or a simple personnel problem. Avoid broad problems with significant policy implications.

Take thirty minutes to meet individually with each student and describe the problem he is going to investigate. Agree on how much time he needs to identify the problem, formulate alternatives, and select the best solution. Set a

date when you and the student will meet to review his progress.

Set aside forty-five minutes on the agreed date to meet with the student. When you meet him, review his decision-making process.

What would the student change if he were given the same or a similar problem again? Use this discussion to summarize what the student learned in this unit about decision-making. Does he feel that his decision-making ability has improved? How?

Teaching Plan 7

Planning and Evaluation for Supervisors

OBJECTIVES	<ol style="list-style-type: none">1. Improve students' understanding of the planning and evaluation process2. Improve students' ability to plan and evaluate supervisory work.
METHODS	Planning and evaluation exercise, discussion
MATERIALS	Student Text– Unit 7, Work Plan for Supervisors
PREPARATION	<p>Remind participants to read Unit 7 of the Student Text. Read the text and note points you wish to cover during the discussion.</p> <p>Prepare copies of the Work Plan for Supervisors.</p> <p>Make arrangements for students to supervise mid-level health workers for three months.</p>

TIME: 21 hrs

LEARNING ACTIVITIES

1. Lead a discussion of the material in Unit 7 of the Student Text 1 hr

What Is Planning and Evaluation?

Focus the discussion on planning and evaluation as a continuous process that supervisors can use to improve their work.

Stages in Planning and Evaluation

Begin by discussing each of the stages in the planning and evaluation process. Discuss how the stages are related. Emphasize once again that this is a continuous process. All the stages are related and several can be simultaneous.

Planning and Plans

Students must not confuse planning with plans. Planning is a process; plans are outputs of planning. Convince students of the benefits of planning and evaluation. Point out how planning and evaluation will help them do their jobs better. In fact, a supervisor cannot do his job successfully without planning and evaluation.

Planning and Evaluating the Work of Mid-Level Health Workers

Emphasize that the supervisor's goal in planning and evaluating mid-level health workers is to make the mid-level health worker capable of planning and evaluating his own work. Compare the supervisor's role to that of a consultant who gives advice but does not make final decisions.

Introduce these important concepts. First, supervisors must respond to needs. Second, a supervisor's work activities should be geared toward meeting the needs of his clients. And third, supervisors have superiors and subordinates. Point out that mid-level health workers have different clients from their supervisors. For this reason, mid-level health workers and their supervisors do not always agree on work plans and priorities. A supervisor must understand the mid-level health worker's perspective and point of view, or he will not understand the mid-level health worker's priorities and work plans. Make sure students understand their dual role as advisors in community and health team needs and as leaders in the ministry of health.

Planning and evaluation are relatively difficult skills. A supervisor should give them special attention during continuing education sessions with mid-level health workers. Mid-level health workers will probably need extra support in these areas. Ask students how much training in planning and evaluation they have received in previous courses.

Tell students that planning and evaluation goes on at all levels of the ministry of health. They will probably be asked to assist in central ministry of health planning. Make sure students understand their crucial liaison role, linking central level ministry of health planning with mid-level

TIME

health worker planning at the health center level. Without this link, the primary health care system cannot function smoothly.

Relate planning and evaluation to a participative leadership style. An authoritarian supervisor does most of the planning and evaluation himself. A participative leader, on the other hand, involves mid-level health workers in planning and evaluating their own work. Explain why a participative style is more appropriate for supervisors of mid-level health workers.

Planning and Evaluating Your Own Work

Point out that supervision is a complex job with many interrelated tasks and responsibilities. Planning and evaluation are tools that supervisors use to help them organize their complex work.

Discuss with students their two clients, mid-level health workers and ministry of health officials. What are the needs of these clients? How do these needs differ? Ask participants how they feel about being caught in the middle between the needs of mid-level health workers and the needs of ministry of health officials.

Point out that supervisors have a tendency to favor the needs of superiors over those of subordinates. Successful supervisors balance the needs of superiors and subordinates. Mid-level health workers balance the needs of their community and their health team against the needs of their supervisor. Students must be aware of the stress this balancing causes.

Emphasize two points about objectives. First, needs determine objectives. An objective that does not contribute directly to meeting a need should be eliminated. Second, a supervisor must take the initiative and set his own work objectives, or they will be set for him by someone else.

If someone sets all a supervisor's objectives for him, he will become frustrated, bored, or both.

Emphasize two points about work plans. First, each objective, or group of related objectives, should have its own separate work plan. Separate work plans should be consol-

idated into one overall work schedule so the supervisor can see at a glance what activities he must carry out, and when he must carry them out. Also caution participants about spending too much time making elaborate plans. Plans are only a means to organize work. The real job is carrying out plans.

Ask students whether they are going to schedule their work activities on a weekly basis or a monthly basis. Point out that weekly, monthly, and yearly schedules can be used simultaneously. Scheduling allows a supervisor to use his time efficiently.

Discuss priorities and how to set priorities. You may want to use the simple exercise below to illustrate the ranking process. Students can work alone or as a group to rank the items they would take with them on a trip to the moon.

Instructions

You are an astronaut preparing for a trip to the moon. Listed below are fourteen items which you consider taking with you. Rank these items according to their usefulness to you on the trip.

ITEM	RANKING
Matches	_____
Food	_____
Rope	_____
Parachute silk	_____
Tinned milk	_____
Oxygen tanks	_____
Map of the moon's constellation	_____
Life raft	_____
Magnetic compass	_____
Water	_____
Signal flares	_____
First aid kit	_____
Solar-powered radio	_____
Portable heater	_____

Answer Sheet

Below is the ranking done by real astronauts, together with a brief explanation of their ranking.

ITEM	RANKING	EXPLANATION
Matches	14	Useless because there is no oxygen on the moon
Food	4	Necessary to sustain life
Rope	6	Useful for binding gear and climbing
Parachute silk	8	Can be used to provide shelter from the sun and to pack supplies
Tinned milk	12	Useless; will explode on opening due to difference in atmospheric pressure
Oxygen tanks	1	Essential for survival
Map of the moon's constellation	3	Needed to chart course
Life raft	10	Can be used for shelter and for carrying things
Magnetic compass	13	Useless because there is no magnetic field on the moon
Water	2	Next to oxygen, essential for survival
Signal flares	9	Useful to alert mother ship when in sight
First aid kit	7	Needed for emergencies
Solar-powered radio	5	Useful for communication
Portable heater	11	Not needed on the lighted side of the moon

Point out that a ranking must be based on some criterion. In this exercise, the criterion was the item's usefulness to an astronaut on the moon.

For a supervisor, the criterion is an item's usefulness in meeting the needs of mid-level health workers or ministry of health officials. Ranking always involves subjective judgment. Different people will rank the same items differently. Most cases have no clear right or wrong ranking. Ranking depends on the criterion used and the judgment of the person doing the ranking. Ranking work objectives is important because supervisors want to spend their limited time on objectives with high priority. Otherwise, they

may end up working hard but accomplishing little of significance.

Emphasize that carrying out work deserves ninety percent of a supervisor's time and effort. Caution students about using too much of their time planning, and not enough actually doing their work. Emphasize once again that plans are guides to action, and that action is important.

Ask students for questions about the types of written records discussed in the text. What records are they now using? Are these records useful? What kind of records about a supervisor's work do students recommend that he keep?

Emphasize two points about evaluations. First, evaluation keeps a supervisor on course in meeting his objectives. Second, evaluations must be regular.

Point out that supervisors often neglect evaluation. They see it as negative or threatening. Make sure students understand how evaluation helps them improve their work, and how the whole planning process depends on evaluation.

2. EXERCISE 14 - Planning and Evaluating Your Own Work 20 hrs

This exercise starts students planning and evaluating their supervisory work. This exercise takes place over a period of three months.

Introduce the exercise by explaining that it is not a simulation. Students will plan and evaluate their supervisory work for the next three months. If students are not already supervising mid-level health workers, arrange for a group of mid-level health workers willing to participate in this exercise.

Give students a day, working alone, to identify needs, set objectives, and make plans. You should be available during the day to answer questions and give assistance. But encourage participants to work alone as much as possible.

Spend the next morning reviewing the students' work. Part of this review can be done in a group, but allow time for a private meeting with each student. At the end of each

TIME

meeting, you and the student should have agreed on a work plan and schedule for the next month. Tell the student to carry out the work he has planned. Before ending this meeting, set a time and date for your next meeting, which should take place in about one month.

One month later, spend four hours meeting with students to review their progress. Work with each student to fill in the “Work Plan Evaluation and Action Taken” columns of the Work Plan for Supervisors forms. Revise the work plans and work schedule. Tell the students to spend another month supervising mid-level health workers. Each student should fill out the “Work Plan Evaluation” column before his next meeting with you. Set a time and date for your next meeting, which should take place in about one month.

One month later, spend four hours meeting with students. Ask them to explain their evaluation, which they should have already completed. Work with each student to review the work plan and work schedule. Tell the student to spend a third month supervising mid-level health workers. This time he should fill out the “Work Plan Evaluation” column and revise his work plans and work schedule before his next meeting with you. Set the time and date for your final meeting, which should take place in about one month.

One month later, spend four hours meeting with students for the last time. Ask them to explain their evaluation and how it affects their work plans and work schedule. Tell students that even though this is the end of the exercise, they should go right on with this pattern of monthly evaluation followed by adjustments in their work plans and work schedule. Before ending this meeting, review the entire planning and evaluation process with the students. Ask them to summarize the steps in the process. How does this process help them to be a better supervisor?

Teaching Plan 8

Using a Checklist to Supervise Mid-Level Health Workers

OBJECTIVES	<ol style="list-style-type: none">1. Give students an opportunity to develop checklists for supervising clinical, maternal and child health, community health, and management support services provided by mid-level health workers2. Give students an opportunity to use their checklists to supervise mid-level health workers
METHODS	Developing supervisory checklists, supervising mid-level health workers, discussion
MATERIALS	Student Text- Unit 8, Diagnostic and Patient Care Guides, Health Center Operations manual, Community Health Manual, skill checklists used in mid-level health worker training
PREPARATION	<p>Remind students to read Unit 8 of the Student Text. Read the text and note points you wish to cover during the discussion.</p> <p>Obtain copies of the skill checklists and the reference manuals used by mid-level health workers.</p> <p>Make arrangements for students to supervise mid-level health workers for three months.</p>

TIME: 18 hrs

LEARNING ACTIVITIES

1. Lead a discussion of the material in Unit 8 of the Student Text 30 min

Introduce the concept of using checklists. Point out that supervision has both technical and interpersonal aspects

Until now, participants have focused more on the interpersonal aspects: leadership, team building, communication, motivation, and disciplinary action. Now they are going to focus on the technical aspects of supervision.

Technical supervision is best handled with checklists designed to mesh with the primary health care services being offered and with the clinical, maternal and child health, community health, and management functions of mid-level health workers. A checklist helps ensure a systematic approach to supervision by reminding supervisors of the areas they need to cover. Discuss how the instructors in the mid-level health worker training course use skill checklists.

Discuss the sample format for a checklist presented in the text. Point out that no checklist format is good for all situations. Checklists are tools. Each supervisor should develop a checklist format that suits his particular needs. However, every supervisory checklist must contain two essential parts.

First, it must contain a list of activities and skills to be supervised. Second it must contain space for the supervisor to make notes. Each student can arrange these two parts in any format, and he can include additional information on his checklist.

Ask students whether they have ever used checklists. If some have, ask them to describe the checklists. What were they used for? Did the checklists help them in their work? What problems did they experience in using checklists? If students have graduated from the mid-level health worker course, they will be familiar with skill checklists and others. Use these as examples of how checklists are used in supervisory work.

Point out that checklists with many items or with many details are lengthy and therefore cumbersome to use. Short checklists with only a few general items do not give enough guidance, and therefore are useless. A good checklist is detailed enough to give guidance but short enough to be used easily.

Ask students for questions about checklists or about using checklists. You must convince students about the benefits of using checklists. Do not proceed to Exercise 15 until students are convinced that a checklist can help them do their jobs better.

2. EXERCISE 15 – Developing a Supervisory Checklist 17 hrs 30 min

This exercise gives students an opportunity to develop and test their own checklists for supervising clinical, maternal and child health, community health, and management support services. This exercise takes place over three months.

This exercise has two prerequisites. First, students must be competent in the skills and services they are going to supervise. Second, students must have had experience in providing clinical, maternal and child health, community health, and management support services in a health center.

Begin the exercise by asking students to review the mid-level health workers' reference manuals and the skill checklists used in the training modules. Tell students to make notes on the knowledge and skills used by mid-level health workers. If students have had the mid-level health worker's course, they should still review reference manuals to refresh their memories. Tell students to review the materials and list the specific activities and skills they will need to monitor mid-level health workers. Then ask students to list the specific data they will need to monitor services at a health center. For example, they should list the number of patients seen, number of referrals, number of supervised deliveries, and more. Allow a full morning for this part of the exercise.

Reassemble the students in the afternoon. Tell them to consolidate the two lists they completed that morning into one checklist. Before they begin work, briefly review the use and format of checklists. Remind students that a good checklist is detailed enough to give guidance, and short enough to be easily used. Allow students a full afternoon to develop their checklists.

TIME

Meet with each student the next day to review their checklists. Take about an hour for each meeting. Use the prototype checklist at the end of this teaching plan to guide your review. Remember that the students' checklists do not have to look like the prototype. In fact, each checklist will be somewhat different.

Is the student's checklist too short? Too long? Does it include all essential activities, skills, and data needed to monitor clinical, maternal and child health, community health, and management support services? Are the items grouped or arranged in some logical sequence? Is the format clear? Has the student left enough space for writing notes?

Help the student revise his checklist. After finalizing the content and format, arrange to have the checklist typed. Typing makes a checklist neater, more legible, and easier to use.

For three months, students use the checklist to supervise mid-level health workers. After three months, the students should meet with you again. Spend a day on the final review and revision of their checklists. Pay particular attention to the supervisory notes made during the three months. Are the notes too long? Too short? Is there a chronological progression in the entries? Are important points covered adequately? Ask the student to explain his supervisory activities by referring to his notes. If he can do this, then the notes are probably adequate. Remember, every person has his own style of taking notes. These notes are for the student, not for you. After completing each checklist, make copies of it. Use this final meeting to summarize what students learned about developing and using a checklist.

Before a student uses his checklist to supervise mid-level health workers, he may need to learn other supervisory skills. Therefore, you may want him to complete Unit 9 before using the checklist he has developed here.

SAMPLE SUPERVISORY CHECKLIST

MID-LEVEL HEALTH WORKERS' ACTIVITIES, SKILLS, AND DATA TO BE MONITORED	NOTES	Date
<p>Clinical and Maternal and Child Health Services</p> <ol style="list-style-type: none"> 1. Taking a medical history 2. Performing a physical examination 3. Diagnosing diseases 4. Treating and caring for patients 5. General clinical skills 6. Whether the patient load is increasing or decreasing 7. Whether you see more or fewer patients than you saw during your prior supervisory visits 8. Whether the patient referral system is being used correctly 9. Your general impression of the quality of clinical services 10. Prenatal care 11. Deliveries 12. Postnatal care 13. General maternal and child health skills 14. Whether the number of supervised deliveries is increasing or decreasing 15. Whether attendance at prenatal or postnatal clinics is increasing or decreasing 		

MID-LEVEL HEALTH WORKERS'
ACTIVITIES, SKILLS, AND DATA
TO BE MONITORED

NOTES

Date

16. Whether health workers follow-up maternal and child health services in the community

17. The quality of maternal and child health services

Community Health Services

1. How often does the mid-level health worker visit schools in the community?
2. What does the mid-level health worker do during school visits?
3. What is the general impression of the school health program?
4. How many community health workers has the mid-level health worker trained? From which communities?
5. How often does the mid-level health worker visit community health workers?
6. What problems do community health workers face?
7. General impression of the community health worker program
8. How often does the mid-level health worker meet community leaders? Who are they? What is discussed?
9. Does the community have a health committee?
10. Is the mid-level health worker helping the community to carry out

MID-LEVEL HEALTH WORKERS' ACTIVITIES, SKILLS, AND DATA TO BE MONITORED	NOTES	Date
<p>health projects? What progress is being made?</p> <p>11. General impression of the quality of community health services, including community participation</p> <p>Management Support Services</p> <ol style="list-style-type: none"> 1. How is the drugs and medical supplies system functioning? Are drugs and supplies available? 2. Can the mid-level health worker inventory, order, receive, and inspect drugs and supplies correctly? 3. Can the mid-level health worker store and protect drugs and supplies correctly? 4. Can the mid-level health worker account for drugs and supplies used at his health center? 5. How is the facilities and equipment maintenance system functioning? Are facilities and equipment available and in good condition? 6. Can the mid-level health worker operate facilities and equipment? 7. Can the mid-level health worker inventory, maintain, and repair facilities and equipment? 8. How is the transportation system functioning? Is transportation available for routine work and emergencies? 		

MID-LEVEL HEALTH WORKERS'
ACTIVITIES, SKILLS, AND DATA
TO BE MONITORED

NOTES

Date

9. Can the mid-level health worker operate and maintain health center vehicles?
10. How is the communication system functioning? Is communication available for routine work and for emergencies?
11. Can the mid-level health worker operate, maintain, and repair two-way radio equipment?
12. How is the personnel system functioning? Are enough personnel available to do the work?
13. Can the mid-level health worker recruit, select, and orient locally hired personnel?
14. Can the mid-level health worker schedule staff leave, evaluate performance, take disciplinary action, and handle grievances?
15. How is the finance system functioning? Can the mid-level health worker collect, record, store, and transfer money?
16. Is the payroll system functioning?
17. Can the mid-level health worker correctly submit reimbursement requests and requests for advances?
18. How is the health information system functioning? Can the mid-level health worker gather,

MID-LEVEL HEALTH WORKERS' ACTIVITIES, SKILLS, AND DATA TO BE MONITORED	NOTES	Date
record, and report health information?		
19. Can the mid-level health worker use the patient-held records?		
20. Can the mid-level health worker use health center books?		
21. Can the mid-level health worker fill out and submit report forms?		
22. How is the mid-level health worker managing the work place? Are the staff, facilities, and equipment well organized?		
23. Are health center files organized and up-to-date?		
24. Does the mid-level health worker evaluate the management support systems and try to improve them?		
25. How well are management support services functioning?		

Teaching Plan 9

Evaluating Performance and Motivating Mid-Level Health Workers

OBJECTIVES	<ol style="list-style-type: none">1. Improve students' understanding of motivation and performance evaluation.2. Improve students' ability to use the annual performance evaluation interview to motivate mid-level health workers3. Improve students' judgment in handling difficult supervisory situations.4. Have students identify and then practice specific skills they will need to monitor clinical, maternal and child health, community health, and management support services.
METHODS	Written exercise, auditing records, role-play, discussion
MATERIALS	Student Text– Unit 9; Annual Performance Evaluation forms; Patient Cards; Maternity Card; Inventory, Order, Issue, and Receipt form
PREPARATION	<p>Remind students to read Unit 9 of the Student Text. Read the text and note points you wish to cover during the discussion.</p> <p>Obtain blank Annual Performance Evaluation forms. Prepare copies of the cards and forms for the exercises.</p>

TIME: 11 hrs 15 min

LEARNING ACTIVITIES

- | | |
|--|------|
| 1. Lead a discussion of the material in Unit 9 of the Student Text | 1 hr |
|--|------|

What Is Motivation?

Supervisors can easily recognize a motivated mid-level health worker. He is enthusiastic, hard working, and more. Point out that mid-level health workers with poor motivation need more of a supervisor's time and energy. Relate motivation to two-way communication and participative leadership.

The Role of a Positive Attitude

Motivation and positive attitudes are much alike. Supervisors with positive attitudes are more successful at motivating mid-level health workers. Attitudes are communicated by what a supervisor says and what he does. Mid-level health workers will soon discover a supervisor's real attitude. A supervisor's first task is to develop a positive attitude himself.

Understanding Mid-Level Health Workers and Developing Trust

People behave according to how they see their situation. Consequently, the first step in understanding a mid-level health worker's behavior is seeing his point of view. Understanding and trust go together. Ask students to give examples of persons whom they trust. Then ask them how well these persons understand them. Normally, there will be almost a perfect correlation between the amount of trust and the amount of understanding.

Ways to Motivate Mid-Level Health Workers

Discuss each of the ways to motivate mid-level health workers outlined in the text. Ask students to give examples from their own experience of how these methods have motivated them. Also discuss experiences that discouraged them.

What Is Performance Evaluation?

Discuss how supervisors can use performance evaluation to punish or to help mid-level health workers. Ask students how they feel about performance evaluation. What have been their experiences? Has performance evaluation been used to punish them or help them? Discuss the reluctance of many supervisors to perform evaluations. Explain the potentially disastrous results that stem from a failure to

TIME

criticize poor work. Performance evaluation is a supervisor's duty. Done correctly, an evaluation is an effective way to motivate mid-level health workers.

Formal and Informal Performance Evaluations

Discuss formal and informal performance evaluations. Emphasize the importance of frequent informal evaluation. Discuss how not to use the supervisory checklist developed in Unit 8. For example, tell students not to walk around with a clipboard, checking off items.

Principles of Performance Evaluations

Point out that the most important principle of evaluation is to be objective. Point out that supervisors are never completely objective, but that students should try to be as objective as possible.

Guidelines for Doing Annual Performance Evaluations

Briefly describe the ministry of health policy regarding annual performance evaluation. Explain that the annual performance evaluation can be very helpful in motivating mid-level health workers if it is used properly. Discuss each of the guidelines for doing an annual performance evaluation. Ask students to comment on the guidelines. Are they appropriate? Did their supervisors follow these guidelines? Can they think of additional guidelines based on their own experience of being evaluated or evaluating mid-level health workers?

- | | |
|---|----------------|
| 2. EXERCISE 16 – Motivating a Mid-Level Health Worker | 1 hr
15 min |
|---|----------------|

This exercise gives students practice in conducting a performance evaluation interview.

Begin the exercise by asking each student to think of the least motivated mid-level health worker he now supervises. Give students fifteen minutes to complete Part I of the Annual Performance Evaluation form for this mid-level health worker. Tell students to be especially thorough in their description of areas that need improvement.

Form pairs for the role-plays, and then begin the first role-play. Stop the role-play after fifteen minutes and ask

students to switch roles. Begin the second role-play and let it continue for fifteen minutes.

After both role-plays are completed, have the participants discuss the exercise. Did filling out the evaluation form for their least motivated mid-level health worker cause any problems? If so, discuss them. Did the student playing the role of the least motivated mid-level health worker understand what discouraged this person? Was enough information on the evaluation form for the supervisor to play his role well? Remind students that these forms become part of a mid-level health worker's permanent file and are read by ministry of health officials who may not know the mid-level health worker personally. Therefore, information on the form must be complete and accurate. Did supervisors have difficulty making a plan for improving performance during the interview?

Discuss the plans for improvement. Do they address the deficiencies described in Part I of the form? Complete the discussion of this exercise by asking whether or not the supervisor was successful in motivating the mid-level health worker during the interview.

3. EXERCISE 17 – Case Study in Performance Evaluation

45 min

This exercise gives students practice in handling a supervisory situation. Give students fifteen minutes to read the case study and write down how they would handle the situation.

Now take thirty minutes to discuss the responses on the worksheets. This exercise illustrates that supervisors have to use their judgment in many situations. They cannot merely evaluate performance on the basis of a checklist. Supervisors must understand a situation and then handle it as best they can.

This situation has no single solution. However, students should understand the consequences of what they recommend. For example, if the supervisor and the mid-level health worker agree that these cases of gonorrhea should go unreported, what effect would the decision have on the

TIME

ministry of health program to control gonorrhea in the country? What effect would it have on the way the mid-level health worker reports other statistics? What effect would it have on the relationship between the mid-level health worker and his supervisor? Ask students these questions and others, based on how they decided to handle this situation.

If this exercise is successful, you may want to make up other case studies or have students write their own. Repeat this exercise, using the new case studies.

4. EXERCISE 18 - Evaluating the Performance of Mid-Level Health Workers 5 hrs 30 min

This exercise gives students an opportunity to identify and practice supervisory skills they will need to monitor the clinical, maternal and child health, community health, and management support services provided by mid-level health workers. This exercise takes place over a period of days, weeks, or perhaps months, depending on the training needs of the students.

Begin the exercise by asking students to review the checklists they developed in Exercise 15. Tell them to list supervisory skills related to items on the checklist that they feel they need to learn or to practice. Allow students thirty minutes for this part of the exercise.

Meet with each student to review his checklist. Take an hour for each meeting. Discuss the student's specific needs. Determine what the needs are, how the needs can be met, who will help the student meet these needs, and when and where the training or skill practice will take place.

Skill training and practice may occur with simulated exercises and with practical, on-the-job training. You will have to decide which method to use. You may use both methods beginning with a simulated exercise and following up with practical, on-the-job training.

5. EXERCISE 19 - Evaluating Patient History Taking 30 min

Take a patient history while the students observe. Students may make notes. You might do certain things incorrectly

to test the students' knowledge of correct procedures

After taking the history, ask the student to assess your skill. Can he identify mistakes? Does he present his observations constructively? Is he able to identify your strengths and weaknesses?

Repeat the exercise as many times as necessary.

This type of demonstration exercise can be used to give practice in many clinical, maternal and child health, community health, and management skills.

6. EXERCISE 20 – Evaluating the Use of Patient Cards 45 min

Hand out three patient cards. Ask students to review them carefully and mark any errors. Students may refer to the Diagnostic and Patient Care Guides. Allow twenty minutes for this part of the exercise.

Discuss each of the cards with students. Did they find errors? How serious were the errors? Ask students how they would handle errors such as these.

7. EXERCISE 21 – Evaluating the Use of Maternity Cards 30 min

Hand out a Maternity Card. Ask students to review it and mark any errors. Students may refer to the Diagnostic and Patient Care Guides. Allow ten minutes for this part of the exercise.

Discuss the card with students. Did they find the errors? In this case, the missed diagnosis was preeclampsia.

8. EXERCISE 22 – Evaluating the Use of Inventory, Order, Issue, and Receipt Forms 30 min

Hand out an Inventory, Order, Issue, and Receipt form and ask students to review it carefully and mark the errors. Students may refer to the Health Center Operations manual. Allow ten minutes for this part of the exercise.

Discuss the form with participants. Did they find the errors?

This type of exercise can be used to practice reviewing many records and reports.

Patient Card

18 April 1980
DATE ISSUED

2

PAST MEDICAL HISTORY

measles Dec '79

DRUG ALLERGIES

None

IMMUNIZATIONS

FAMILY HISTORY

2 brothers & sisters - both well

SOCIAL HISTORY

SYMPTOMS, SIGNS, DIAGNOSIS, AND PATIENT CARE

18 Apr '80 PC - Cough

tx	Cough x / week
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
31	31
32	32
33	33
34	34
35	35
36	36
37	37
38	38
39	39
40	40
41	41
42	42
43	43
44	44
45	45
46	46
47	47
48	48
49	49
50	50
51	51
52	52
53	53
54	54
55	55
56	56
57	57
58	58
59	59
60	60
61	61
62	62
63	63
64	64
65	65
66	66
67	67
68	68
69	69
70	70
71	71
72	72
73	73
74	74
75	75
76	76
77	77
78	78
79	79
80	80
81	81
82	82
83	83
84	84
85	85
86	86
87	87
88	88
89	89
90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

getting worse with

Thick white mucous

Vomits with coughing

PE - No fever. Chest -

occasional ronchus.

no distress

Dx - Acute bronchitis

Rx - Ampicillin 250 mg

4x day for 1 week

Malik
Yildirim

NO DPT SERIES SHOULD HAVE SUGGESTED WHOOPING COUGH IN A CHILD WHO HAS A SEVERE COUGH WITH VOMITING.

1 Apr 1981

DATE ISSUED _____

2

PAST MEDICAL HISTORY

None

DRUG ALLERGIES

None known

IMMUNIZATIONS

DATE IF KNOWN

LL, from

Measles

1977 no boosters

Polio Series

DPT Series

DT Booster

Tetanus Booster

Other

FAMILY HISTORY

5 brothers & sisters - 2 suffering
malnutrition

SOCIAL HISTORY

60

DATE OF VISIT

SYMPTOMS, SIGNS, DIAGNOSIS, AND
PATIENT CARE

PC - cold

Hx - Fever x 3 days - cold

getting worse - red

eyes

PE-T-39.5° RR33

wt-17.1

Macular rash, red

eyes, purulent

nasal discharge

Dx - measles

Rx - Aspirin 12 tabs

THE WORKER SHOULD HAVE COMMENTED ON THE CHEST EXAMINATION AND HIS FOLLOW-UP PLANS. THE ENTRY IS NOT SIGNED.

Patient Card

12 March 1977

DATE ISSUED

Name Jeressa Opetana

Address Nanakuli Village

Date of Birth 15 Aug 1971 Age 5

Sex F Marital Status Single

Health Center *Salton*

Location	Algebra District

PAST MEDICAL HISTORY

No serious illness

DRUG ALLERGIES

Rash after penicillin

IMMUNIZATIONS

	NO	YES	DATE IF KNOWN
BCG		✓	
Measles		✓	
Polio Series			
DPT Series		✓	
DT Booster			
Tetanus Booster			
Other			

FAMILY HISTORY

3 brothers, all healthy

SOCIAL HISTORY

8

[illegible]

ANTIBIOTICS ARE NOT INDICATED FOR MUMPS. AMPICILLIN SHOULD NEVER BE USED WITH A PATIENT WHO IS ALLERGIC TO PENICILLIN.

POST NATAL

Date of Delivery	2 Dec 1982
Place of Delivery	Satton Health Center
Condition of Infant	Good
Weight of Infant	2.8 kg
Complications of Labor and Delivery	None

POSTNATAL VISITS

DATES	2 Dec.	14 Dec	25 Jan
Days after delivery	—	12	42
Blood pressure	110/15	125/80	120/15
Temperature	37°	37°	37°
Weight	2.8 kg	3.0 kg	3.5 kg
Breasts and nipples	colostrum nipples ok milk supply no problems	nipples ok milk supply ok	good milk supply no problems
Discharge	red with some tissue	white, small amount	no discharge
Size of uterus	just below umbilical area, firm	small, below symphysis pubis	small
Complications	φ	φ	φ
Child spacing advice	—	—	IUD inserted
Condition of infant	Good	Good	Good

HIGH RISK FACTORS

Refer to a hospital if any are checked

AGE	PRESENT PREGNANCY
Under 16	Bleeding
Over 30, first pregnancy	Blood Pressure above 140/90
Over 35	Excess fluid in the uterus
HEIGHT	Large uterus for fetal age
Under 152.5 cm	No fetal heart sounds or movement after 24th week
PELVIS	Abnormal presentation after 28th week
Small or deformed	Early rupture of bag of waters
PREVIOUS PREGNANCIES	Malnutrition
More than five	Severe anemia
Two or more miscarriages	Heart disease or signs of heart failure
Stillbirth	Kidney disease
Cesarian section delivery	Diabetes
Forceps delivery	Tuberculosis
Vacuum extraction delivery	Malaria
Retained placenta	Sickle cell disease
Severe bleeding	
Prolonged labor	
Eclampsia	
Infant died within one week of birth	

PREVIOUS PREGNANCIES

PREGNANCY NUMBER	AGE	MISCARRIAGE STILL BIRTHS DIED LATER	REMARKS
	MALE	FEMALE	
1			
2			
3			
4			
5			
6			
7			
8			
9			

THE HISTORY OF PREVIOUS PREGNANCIES IS NOT RECORDED. THE HISTORY IS NEEDED TO DETERMINE IF THE WOMAN HAS ANY HIGH RISK FACTORS. POSTNATAL VISITS AND COMPLICATIONS OF LABOR AND DELIVERY ARE NOTED.

PRENATAL VISITS

3

[illegible]

ON 30 NOVEMBER, SIGNS OF PREECLAMPSIA (ELEVATED BLOOD PRESSURE, WEIGHT GAIN OF MORE THAN 2 KG OVER A TWO-WEEK PERIOD, MARKED ANKLE EDEMA, + PROTEIN IN THE URINE, AND A COMPLAINT OF SOME VISUAL PROBLEMS) ARE NOTED. THE WORKER MISSED THIS DIAGNOSIS AND THE PATIENT CARE IS NOT APPROPRIATE. THE PATIENT SHOULD HAVE BEEN REFERRED.

Inventory, Order, Issue, and Receipt

STANDARD LIST OF DRUGS AND MEDICAL SUPPLIES

Month MayHealth Center SatituaLocation Alepata District

Page 1

1. STOCK NUMBER	2. ITEM DESCRIPTION	3. UNIT OF ISSUE	4. AUTHORIZED STOCK LEVEL	5. QUANTITY IN STOCK	6. QUANTITY ORDERED	7. QUANTITY ISSUED	8. REMARKS
	Niclosamide, 500 mg tabs	bottle of 100	4	2	2	2	✓
	Piperazine, 150 mg/ml elixir	1 liter bottle	3	2	2	1	Not received
	Bephenium hydroxynaphthoate, 2.5 g base granules	5g packet	25	12	13	0	Out of stock
	Tetrachlorethylene, 1 ml caps	bottle of 50	3	2	1	1	Bottle broken
	Tetrachlorethylene, 2.5 ml caps	bottle of 50	2	1	1	1	✓
	Tetrachlorethylene, 5 ml caps	bottle of 50	2	1	1	1	✓
	Pyrantel pamoate, 250 mg / 5 ml suspension	1 liter bottle	3	1	2	2	✓
	Ampicillin, 250 mg caps	bottle of 100	4	4	0	0	

	Finger cot, small						
	Finger cot, medium	box of 72					✓
	Finger cot, large	box of 72			0	0	
	Breast pump	1	1	0	1	1	✓
	Ear syringe	1	2	1	1	1	✓
	Nasal feeding tube, 8 Fr (Infant)	1	3	1	0	0	✓
	Stomach tube, 60"	1	2	2	0	0	
	Indicator paper for protein	box of 100	2	2	0	0	
	Indicator paper for sugar	box of 100	2	1	1	1	✓

Ordered by: Malia Vailima

NAME

Malia Vailima

SIGNATURE

29 April 1982

DATE

Approved by: Tofa Taape

NAME

Tofa Taape

SIGNATURE

30 April 1982

DATE

Issued by: P. Tanoaese

NAME

P. Tanoaese

SIGNATURE

4 May 1982

DATE

Received by: Malia Vailima

NAME

Malia Vailima

SIGNATURE

7 May 1982

DATE

IN THIS LIST, THE HEALTH WORKER ORDERED ONE BOTTLE OF PIPERAZINE MORE THAN IS AUTHORIZED FOR STOCK LEVEL. NO NASAL FEEDING TUBE FOR AN INFANT WAS ORDERED, THOUGH THE HEALTH CENTER IS OUT OF THEM.

TIME

9. SUMMARY of this Unit

30 min

To summarize what students have learned in this unit about performance evaluation and motivation, ask them to recall their own personal experiences of evaluating subordinates and of being evaluated by superiors. Focus the discussion on how the performance evaluation system works and its effectiveness in motivating ministry of health personnel. Performance evaluation systems often do not work well. Help students to see the potential of the system if it were used well. Discuss how well they can make the performance evaluation system work better so it will motivate mid-level health workers.

Teaching Plan 10

Continuing Education

OBJECTIVES	<ol style="list-style-type: none">1. Improve students' understanding of continuing education.2. Improve students' ability to provide continuing education for mid-level health workers.
METHODS	Practical exercise, discussion
MATERIALS	Student Text- Unit 10, Continuing Education Manual
PREPARATION	<p>Remind students to read Unit 10 of the Student Text and the Continuing Education Manual. Read the text and the manual and note points you wish to cover during discussion.</p> <p>Obtain copies of the Continuing Education Manual.</p>

TIME: 3 hrs

LEARNING ACTIVITIES

1. Lead a discussion of the material in Unit 10 of the Student Text 45 min

What Is Continuing Education and Why Is It Important?

Point out that continuing education is a process of transferring knowledge and skills. Even the most competent supervisor will fail if he cannot teach mid-level health workers new skills. Discuss the questions in Exercise 23. Ask students how they answered these questions.

Discuss the importance of continuing education from the mid-level health worker's point of view. Ask students to discuss it from the supervisor's point of view. Point out that supervisors are judged by the performance of mid-level health workers they supervise. Therefore, time spent

TIME

training mid-level health workers is an investment in their own success as supervisors

Fundamental Principles of Training

Discuss each of the five principles. Ask students if they agree with the principles. Ask students for examples from their training to illustrate each principle. Relate these principles to two-way communication and a participative style.

How Are Continuing Education Needs Determined?

Discuss the two ways continuing education needs are determined. Ask students what influenced them to take this course. Was it a perceived need or the suggestion of a superior? Which way is better? Point out that mid-level health workers do perceive their continuing education needs, but often do not request continuing education for fear of appearing incompetent. Relate this problem to the supervisor's attitude and leadership style. Point out that performance evaluation, discussed in Unit 9, is a part of continuing education.

Providing Continuing Education

Discuss the methods for providing continuing education as outlined in the Continuing Education Manual. Students should read the manual before doing Exercise 24.

- | | |
|---|----------------|
| 2. EXERCISE 24 – Providing Continuing Education
for Mid-Level Health Workers | 1 hr
30 min |
|---|----------------|

This exercise gives students practice in providing continuing education for mid-level health workers.

Students should spend one month supervising mid-level health workers and assessing their continuing education needs. Remind students that performance evaluation plus the mid-level health workers' own perceived needs will determine what continuing education is provided.

After one month, meet with each student for an hour and review the continuing education needs he has identified and the continuing education methods he has decided to use. Work out a continuing education plan based on the guidelines in the Continuing Education Manual.

Give students two months to carry out their continuing education plans. This will include production of continuing education materials. Students will provide much of the continuing education themselves, but they may also arrange for other persons or institutions to provide continuing education on particular topics.

At the end of two months, meet for an hour with each student and review his continuing education exercise. Encourage them to continue with the continuing education activities they have begun.

3. SUMMARY of Unit 10

45 min

To summarize what students have learned in this unit about continuing education, ask them to discuss their own training. What methods were used? How effective was the training? Did their teachers follow the fundamental principles of training? Did they get continuing education in their previous jobs? Does the ministry of health have a commitment to continuing education? Do they feel the need for continuing education in their present job as supervisors? What kind of training? Be sure that students understand that continuing education for mid-level health workers is their responsibility, and that they must either provide this training themselves or arrange to have someone else provide it.

Appendix

Pretest and Posttest for Supervising and Supporting Mid-Level Health Workers Module

This module uses two instruments to measure a student's progress. It uses a questionnaire to measure any change in students' supervisory attitudes on completing this course. It also uses a performance checklist to measure the organization of supervisory skills. Students should complete the questionnaire before training begins and once again after their training is completed. The questionnaire measures growth in the student's understanding of supervisory concepts and skills. The Supervisor Performance Checklist includes a list of important supervisory skills in which the student must demonstrate competence. Use this checklist while observing the student during training and on the job.

USING THE QUESTIONNAIRE

Make copies of the questionnaire. The master questionnaire included in this section can be copied, but omit the weighting numbers.

Hand out a questionnaire to each student. Explain the instructions clearly. Put the example on the board and demonstrate how to mark the answers. Emphasize that this is not a test. Tell students that you will use the questionnaire to measure change in their supervisory attitudes. Explain that they are not to write their names on the questionnaire. This will encourage students to answer honestly. If a student wants to compare his responses, have him mark the questionnaire in some way so that he can identify it.

Give this questionnaire to students before you begin the module. Allow students forty-five minutes to complete it. Collect the completed questionnaires. You will administer the same questionnaire in the same way at the end of the module to measure the change in the students' attitudes.

If possible, administer the questionnaire before beginning the module. This will give you time to tabulate the scores and understand what supervisory knowledge and skills students already possess. Then you can tailor the module to meet the needs of the participants.

SCORING

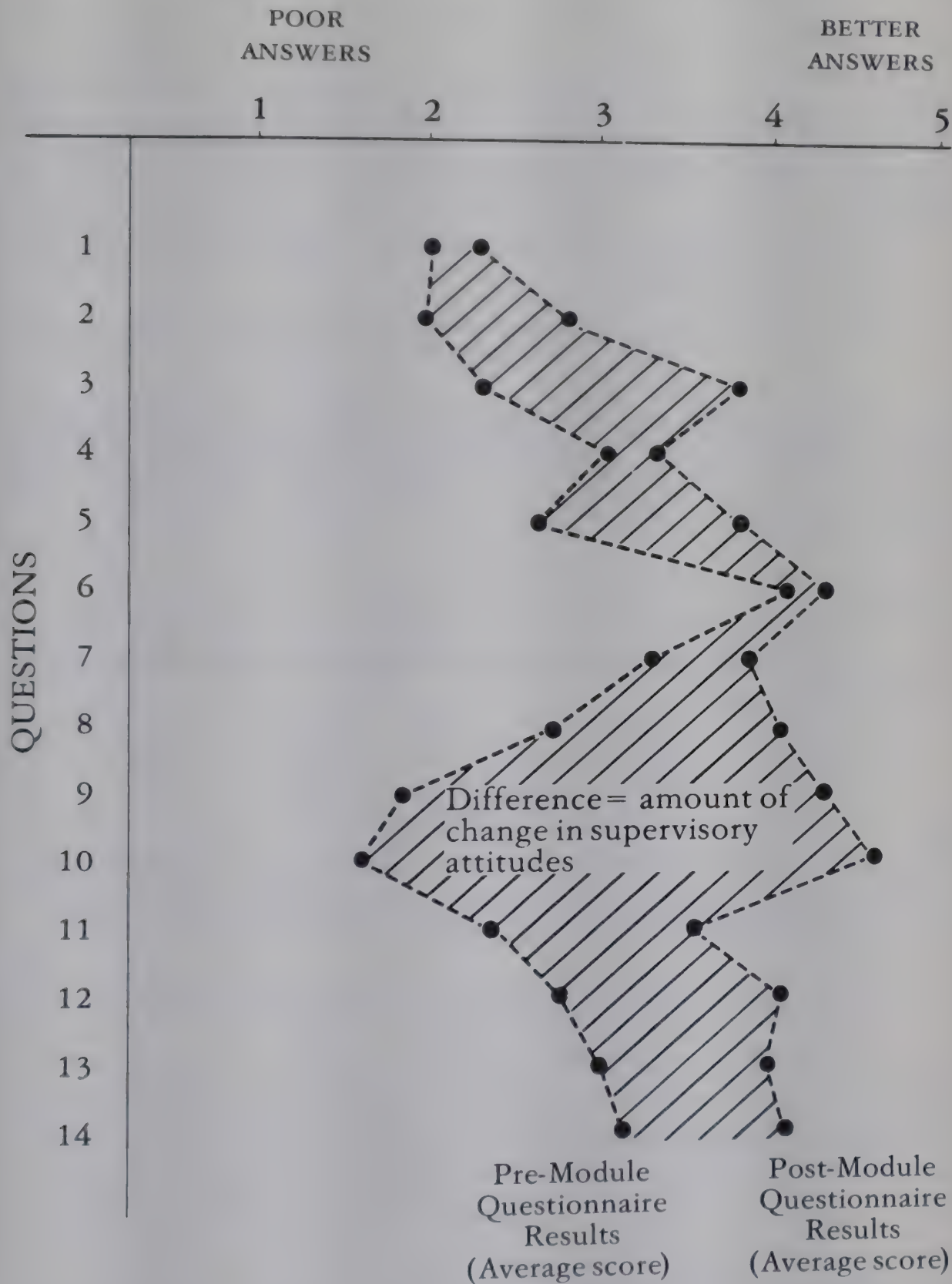
Use the master questionnaire to score the tests. Compare students' questionnaires to the master. For example: if in Question 1, a student marked his *x* over "sometimes," the master questionnaire scores it as a 3. Write a 3 next to Question 1. Continue in this manner.

To calculate the average score for each question, add the responses to each question and divide by the total number of questionnaires. For example, if four people give one response a total of twelve points, the group result is $12/4 = 3$.

Calculate the average score for each question.

Put the results on a chart as shown on the next page. Discuss this chart with students in a final class session.

Pre- and Post- Module Questionnaire Results



SUPERVISORY QUESTIONNAIRE

Below is a series of statements about supervising mid-level health workers. How do you feel right now about each of these statements? No answer is either right or wrong. It reflects only your attitude. For example:

Mid-level health workers like work that requires little thought and no responsibility.

True	Usually true	Sometimes true	Seldom true	False
------	-----------------	-------------------	----------------	-------

How do you react to this statement? If you believe that this statement is true in most cases, but not in all, put an X on the line above the words "usually true." Give a response to each question. Do not write your name on this paper.

PART I

1. A mid-level health worker's effectiveness depends on the supervision he receives.

5	4	3	2	1
True	Usually true	Sometimes true	Seldom true	False

2. A good supervisor strives to improve the quality of his supervision by adapting his supervisory activities to the needs of individual mid-level health workers.

1	2	3	4	5
Never	Seldom true	Sometimes true	Usually true	Always

3. The quality of supervision depends on the attitude of the supervisor toward mid-level health workers.

5	4	3	2	1
False	Seldom true	Sometimes true	Usually true	True

4. Being a good supervisor does not require any special skills, but you must have an outgoing personality.

5	4	3	2	1
False	Seldom true	Sometimes true	Usually true	True

5. An effective supervisor has the ability to listen carefully, to establish rapport with people easily and quickly, and to encourage and motivate workers.

5	4	3	2	1
True	Usually true	Sometimes true	Seldom true	False

6. When analyzing problems, an effective supervisor is able to picture the possible solutions and think through each of these solutions, before selecting one.

5	4	3	2	1
False	Seldom true	Sometimes true	Usually true	True

7. A good supervisor does not wait for someone else to plan and organize his work. He takes the initiative and does it himself.

5	4	3	2	1
Always	Usually	Sometimes	Seldom	Never

8. A good supervisor is technically competent. He understands the mid-level health worker's job and how it fits into the overall activities of the ministry of health.

1	2	3	4	5
False	Seldom true	Sometimes true	Usually true	True

9. A good supervisor favors his friends and gives them special privileges.

5	4	3	2	1
Never	Seldom	Sometimes	Usually	Always

10. A good supervisor has a reputation for being fair and impartial.

5	4	3	2	1
Always	Usually	Sometimes	Seldom	Never

11. A good supervisor assumes the responsibility for getting a job done. He is willing to take the blame for mistakes made by people working under his supervision.

1	2	3	4	5
False	Seldom true	Sometimes true	Usually true	True

12. A person can be a good supervisor even when the people he super-

vises do not see him as a leader and are not influenced by his suggestions

1	2	3	4	5
True	Usually true	Sometimes true	Seldom true	False

13. A good supervisor identifies closely with mid-level health workers even if this means ignoring the ministry of health point of view.

5	4	3	2	1
False	Seldom true	Sometimes true	Usually true	True

14. The ability of a supervisor to plan and organize his work is not important

1	2	3	4	5
True	Usually true	Sometimes true	Seldom true	False

15. The primary function of a supervisor of mid-level health workers is to guide and support mid-level health workers in their work.

5	4	3	2	1
True	Usually true	Sometimes true	Seldom true	False

16. Because each mid-level health worker and each health center are different, a supervisor must use different leadership styles

1	2	3	4	5
False	Seldom true	Sometimes true	Usually true	True

17. An effective supervisor makes all the decisions, plans all the mid-level health workers' activities, and pushes mid-level health workers to make sure that the work gets done.

1	2	3	4	5
True	Usually true	Sometimes true	Seldom true	False

18. An effective supervisor allows mid-level health workers to participate in setting work objectives and encourages the mid-level health worker to take on more responsibility for his work.

1	2	3	4	5
False	Seldom true	Sometimes true	Usually true	True

19. A supervisor's decisions improve with the addition of ideas and experiences of mid-level health workers.

5	4	3	2	1
True	Usually true	Sometimes true	Seldom true	False

20. A supervisor can put his decisions into action even without a clear understanding of his formal authority.

5	4	3	2	1
True	Usually true	Sometimes true	Seldom true	False

21. A supervisor who works well earns authority.

5	4	3	2	1
True	Usually true	Sometimes true	Seldom true	False

22. The surest way for a supervisor to lose his authority is to abuse it.

1	2	3	4	5
False	Seldom true	Sometimes true	Usually true	True

23. A supervisor who uses the participative style of leadership understands that as the team leader, he is the most important member of the team.

1	2	3	4	5
True	Usually true	Sometimes true	Seldom true	False

24. Establishing a friendly working relationship with mid-level health workers helps build teams.

5	4	3	2	1
Always	Usually	Sometimes	Seldom	Never

25. Communication is a supervisor's most important tool.

1	2	3	4	5
True	Usually true	Sometimes true	Seldom true	False

26. A supervisor does not need to spend time discussing how to order drugs with a mid-level health worker.

1	2	3	4	5
True	Usually true	Sometimes true	Seldom true	False

27. When discussing an issue with a mid-level health worker, a supervisor should encourage feedback.

5	4	3	2	1
Always important	Usually important	Sometimes important	Seldom important	Never important

28. In most situations, a supervisor talks and the mid-level health worker listens carefully.

1	2	3	4	5
True	Usually true	Sometimes true	Seldom true	False

29. Supervisors must be aware of their own biases and try to see the other person's point of view.

5	4	3	2	1
True	Usually true	Sometimes true	Seldom true	False

30. If a supervisor has a positive attitude toward his work, then mid-level health workers will also tend to have a positive attitude.

1	2	3	4	5
False	Seldom true	Sometimes true	Usually true	True

31. A supervisor should take the time to discover the attitudes, talents, goals, likes, and dislikes of each mid-level health worker he supervises.

5	4	3	2	1
Always	Usually	Sometimes	Seldom	Never

32. Mid-level health workers are much the same, and consequently, what motivates one mid-level health worker will motivate another.

1	2	3	4	5
True	Usually true	Sometimes true	Seldom true	False

33. Supervisors serve as a role model for mid-level health workers. If a supervisor cannot set a good example and do a good job, then he cannot expect mid-level health workers to do a good job.

5	4	3	2	1
True	Usually true	Sometimes true	Seldom true	False

34. Part of a supervisor's job is motivating mid-level health workers by

providing them with continuing education to improve their skills.

1	2	3	4	5
False	Seldom true	Sometimes true	Usually true	True

35. Performance evaluation of mid-level health workers is part of a supervisor's job. It is an important way supervisors can motivate mid-level health workers.

5	4	3	2	1
True	Usually true	Sometimes true	Seldom true	False

36. The results of a mid-level health worker's performance evaluation are only important to the supervisor. He need not share them with the mid-level health worker.

5	4	3	2	1
False	Seldom true	Sometimes true	Usually true	True

37. Training for mid-level health workers is one of a supervisor's best tools for motivating them.

5	4	3	2	1
True	Usually true	Sometimes true	Seldom true	False

38. Mid-level health workers need continuing education from their supervisor so that they can maintain and improve their knowledge and skills after graduation.

1	2	3	4	5
False	Seldom true	Sometimes true	Usually true	True

39. Time spent training mid-level health workers is one of the best investments you as a supervisor can make in your mid-level health workers.

5	4	3	2	1
True	Usually true	Sometimes true	Seldom true	False

40. Mid-level health worker grievances and disciplinary problems have nothing to do with how adequately and how appropriately they are supervised.

1	2	3	4	5
True	Usually true	Sometimes true	Seldom true	False

41. A supervisor can prevent mid-level health worker grievances and disciplinary problems by anticipating problems and by resolving conflicts as quickly as possible.

5	4	3	2	1
True	Usually true	Sometimes true	Seldom true	False

42. Mid-level health workers may offer good alternative solutions to a problem that the supervisor may have overlooked.

5	4	3	2	1
True	Usually true	Sometimes true	Seldom true	False

PART II

1. A mid-level health worker complains that he is having difficulty organizing his work at the health center. For this reason, he has not had time to work with community health workers for a month. As the mid-level health worker's supervisor, you should:

- 1 Tell the mid-level health worker that if he were only able to organize his work like the mid-level health worker at Makiki Health Center, he would not have this problem.
- 2 Tell the mid-level health worker to write out a work schedule and send a copy to you at the district hospital.
- 3 Tell the mid-level health worker to discuss this problem with his health team.
- 4 Ask the mid-level health worker why he is having difficulty organizing his work. Ask him what suggestions he has for resolving this problem. Give him a few suggestions.
- 5 Ask the mid-level health worker to explain exactly why he is having difficulty organizing his work. Listen carefully and then ask for clarification of any statement which you are not sure you understand. Review the section on scheduling work in the Working with the Health Team module. Then work with the mid-level health worker to help him organize his work.

2. A mid-level health worker says he is having difficulty communicating with the chief of a village. This problem is limiting the community health activities in that village. As the mid-level health worker's supervisor, you should:

- 4 Discuss the problem with the mid-level health worker and identify the specific issues. Ask him if he would like you to accompany him to the village to meet with the chief.
 - 1 Assure the mid-level health worker that because of his training he is smarter than the chief and because of his position as a government employee the chief should do what he says.
 - 2 Tell the mid-level health worker not to worry because community health work takes time.
 - 3 Ask the mid-level health worker what seems to be the problem and then make suggestions about how he can approach the chief.
 - 5 Make sure you understand what the mid-level health worker means when he says that he is “having difficulty communicating with the chief.” Try to determine the cause of the breakdown in communication. Encourage the mid-level health worker to assume responsibility for resolving this issue, but offer to visit the chief if the problem continues.
3. A mid-level health worker sends you word of a typhoid outbreak in the village of Waimea. He has already diagnosed 15 cases this week. He needs help. As the mid-level health worker’s supervisor, you should:
- 5 Send a message telling the mid-level health worker that you are mobilizing an immunization team. Also tell him when you will arrive and what the mid-level health worker ought to do in the meantime.
 - 1 Send a message to the mid-level health worker that you will discuss this problem with him during your next scheduled visit in two weeks.
 - 3 Send a health inspector to investigate the situation and assist the mid-level health worker if necessary.
 - 2 Ask the mid-level health worker to send more information.
 - 4 Send a second mid-level health worker with appropriate supplies and equipment and with a message that you will come out yourself to assist if necessary.
4. A mid-level health worker reports that she is having difficulty convincing husbands of one village to allow their wives to practice

child spacing. She feels that a male might be able to influence the men of the village. She requests that you visit the village with her.

- 1 You decide that visiting the village with the mid-level health worker will take too much time. You have more important issues to discuss. You tell her that you will send her some new child spacing information to use with the males in the village.
 - 2 Send the health inspector to talk to the males in the village, because his wife practices child spacing.
 - 4 Ask the mid-level health worker to explain why the men are against child spacing. Write down this information and later meet with the maternal and child health and child spacing staff at the district hospital to discuss strategies for addressing this issue.
 - 5 Suggest to the mid-level health worker that she contact the male mid-level health worker in the neighboring health center to assist her, since he has had great success convincing men to allow their wives to practice child spacing. Then, when you make your next scheduled supervisory visit in three weeks, you can determine if you need to visit the village.
 - 3 Suggest to the mid-level health worker that she invite the chief and the male community health worker in the village to meet you at her health center during your next visit. During this visit you can discuss the problem with them and then decide what action the mid-level health worker should take.
5. A mid-level health worker reports that the ministry of health has directed improving village drinking water supplies is to be a priority in the coming year. The mid-level health worker tells his supervisor that the plan is not practical.
- 1 Agree with the mid-level health worker and tell him to ignore the ministry of health directive.
 - 2 Inform the mid-level health worker that this is a ministry of health policy and he must comply.
 - 4 Determine whether the mid-level health worker understands the directive. Then determine why he does not think this priority is practical.

- 3 Ask the mid-level health worker if he feels that the rural health inspector could assist him in improving village drinking water supplies.
- 5 Determine if the mid-level health worker understands the directive and why he feels that it is not practical. Review with the mid-level health worker what has already been done to improve drinking water supplies. Identify the problems and possible solutions. Tell the mid-level health worker of the resource people at the district level who could be made available to assist him in this effort.

USING THE SUPERVISORY PERFORMANCE CHECKLIST

Like the training for mid-level health workers, the training for supervisors is competency based. Therefore, people learning the supervisory skills should be given an opportunity to demonstrate their competence. The Supervisory Performance Checklist has been designed to aid in the evaluation of this competence.

The Supervisory Performance Checklist should be used to evaluate student supervisors on a periodic basis. Students should receive at least a satisfactory rating on all of the skills listed on the checklist. If students are not able to get a satisfactory rating on a skill the first time, they should focus their attention on that skill until they are able to demonstrate satisfactory competence. The Supervisory Performance Checklist may also be used as a tool for self-evaluation as well as a discussion aid during meetings between the student and his instructor.

Supervisory Performance Checklist

INSTRUCTOR: While observing a student in training and on the job, enter a rating from the following scale in the appropriate box. Also put your initials and date of successful completion in the boxes provided.

Rating: 1 = Inadequate
 2 = Needs improvement
 3 = Satisfactory
 4 = Above average
 5 = Excellent

While supervising and supporting mid-level health workers, the supervisor:

RATING

COMMENTS

DATE INITIALS

1. Uses an authoritarian style of leadership appropriately				
2. Uses a participative style of leadership appropriately				
3. Understands and uses team building techniques effectively				
4. Uses two-way communication				
5. Handles grievances and disciplinary problems effectively				
6. Makes decisions using an effective problem-solving approach				
7. Acts as an advisor, trainer, and leader when necessary				
8. Plans his work systematically				
9. Motivates mid-level health workers effectively				

	RATING	COMMENTS	DATE	INITIALS
10. Understands and uses performance evaluation methods effectively				
11. Provides mid-level health workers with appropriate continuing education				



The MEDEX Primary Health Care Series
University of Hawaii

HEALTH MANPOWER DEVELOPMENT STAFF

John A. Burns School of Medicine, University of Hawaii
1960 East-West Road, Honolulu, Hawaii 96822 U.S.A.